HARVARD MEDICAL ALUMNI BULLETIN

Winter, 1963

Entry into the Future

Conrad Wesselhoeft

1884-1962

Conrad Wesselhoeft '11 died on December 12, 1962. He took with him something irreplaceable. In many ways he bridged the gap between the pre- and post-war teaching of medicine. His grandfather, on arriving in America from Jena, had become the first in a long line of Wesselhoeft doctors to embrace homeopathy. This heritage from the past could not and did not sit comfortably in the grandson's mind — and yet he carried with him into a more modern world those concepts of homeopathy which he thought could be helpful to the modern physician.

He served in the First World War and, as a battalion surgeon, won highest recognition for his exploits on behalf of the wounded.

After the war he returned to Harvard to teach and carry out investigation in infectious diseases. His series of lectures on these subjects, to a whole generation of Harvard medical students, stands as a prototype for inspired teaching, all too often missing in the modern curriculum. From 1940 to 1951 Dr. Wesselhoeft served as clinical professor of infectious diseases at Harvard. After his formal retirement in 1951, he continued his teaching as visiting lecturer at the Medical School and Harvard School of Public Health.

He bridged the gap between the old and new. Wherever he went, he was the champion of directness and honesty between human beings. Wherever he went, he took a wealth of warmth, of humor, and an unbounded love of life.

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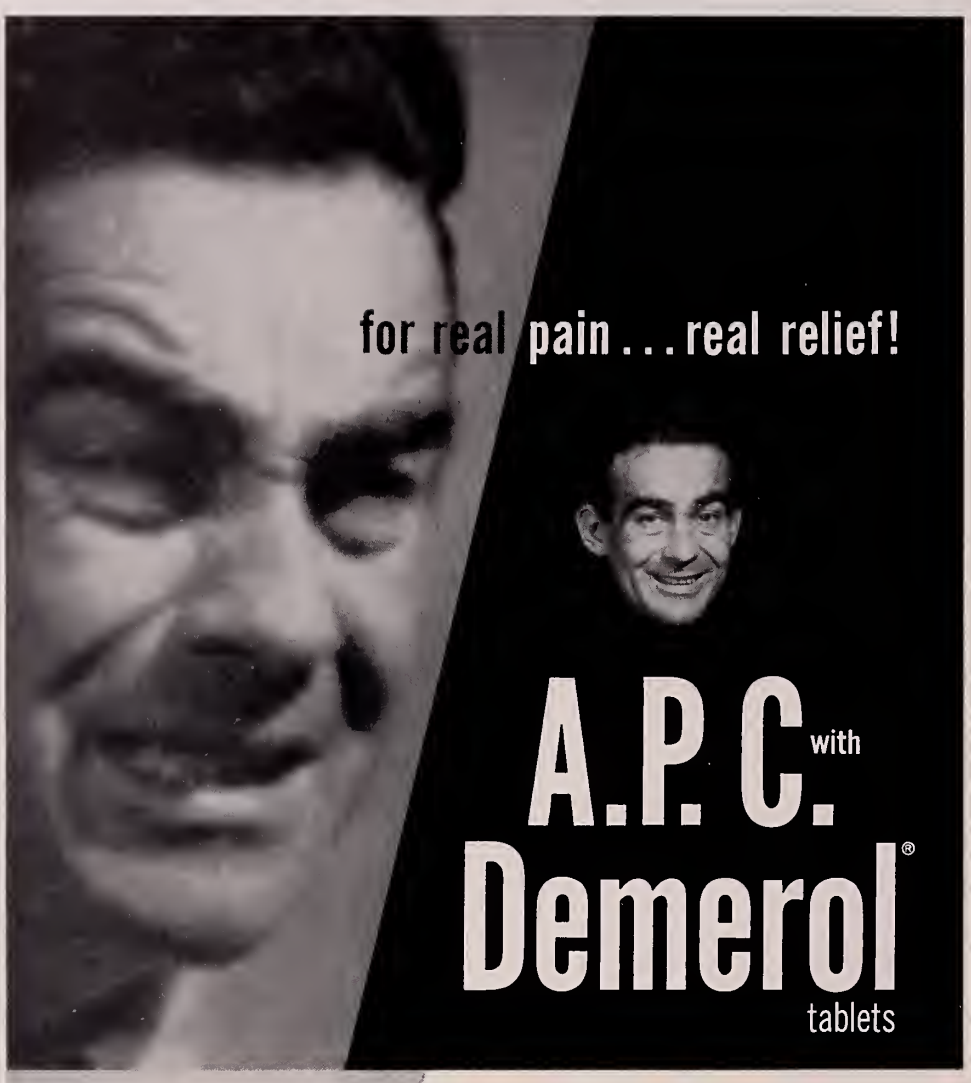

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HARVARD MEDICAL ALUMNI BULLETIN

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The Cover: In the spring of 1965 Harvard expects to open the largest university-centered medical library in the world. The Francis A. Countway Library will house the combined collections of the Boston Medical Library and the Harvard Medical Library — more than 450,000 volumes. The sum of $8,500,000 has been raised for the project — $6,500,000 for construction, the remainder for endowment. The cover, designed by William Brown, photographed by Herman Goslyn, is taken from an early sketch of the entrance level by Library architect Hugh Stubbins. Story on page 8.

LETTERS

Speculations upon the Cessation of Research

To the Editor:

Dr. Levine, in his editorial on "Speculations upon the Cessation of Research," forgot one of the most important dividends of research. He gave credit to research for new discoveries, and he didn't purport to minimize its part in future contributions; but he forgot to accredit to research its importance in "helping to mold the medical students' learning pattern." The doing of research, whether it be in the laboratory or in the clinic, can transform a student from one who simply gathers "knowledge" like so many apples in a barrel into one who can sort out this knowledge, apply it to new problems and different situations, and grow in "wisdom." There can be no evaluation of this "wisdom" in terms of dollars and cents!

Barrett Anthony
Rochester, N. Y.

A Whale of a Chimp

To the Editor:

The article, "A Whale of a Tale," by Charles Harrold in the Fall issue of the *Bulletin,* was most enjoyable. This stimulated me to report an experience of mine which occurred in 1950, during my surgical residency at Riverside Hospital in Jacksonville, Florida.

It might be entitled, "Reflections of a Riverside Resident," or, "My Most Unusual Patient." You may adjust the title.

My offering is not intended as an entry in a "Can you Top This?" contest; I only hope it will bring some of the alumni just half the pleasure I gained from Dr. Harrold's story.

A fellow resident and I were finishing a second cup of coffee in the hospital cafeteria when Dr. John Stage, anesthesiologist, came charging in.

"Your patient is ready," he said hurriedly.

"What patient?" I asked, rather surprised.

Dr. Stage informed me that I had a two-year-old patient in the operating room with a fractured humerus. He advised me that this was a most important and unusual case.

"What is so remarkable about a fractured humerus?" I queried.

"This child is entirely covered with hair," replied Dr. Stage. "You had better come along now, as the patient is already asleep."

As we turned into the O. R., I was both amazed and amused by the strange sight before me. Lying in the dorsal recumbent position under the spotlight, in the center of the semi-darkened room, was the patient, fully clothed in coarse black hair. The sex, male; length, three and one-half feet; weight, about forty pounds; breed, chimpanzee.

I learned that this "chimp," from the Yerkes Laboratories of Primate Biology at nearby Orange Park, Florida, was one of many under observation by scientists from Yale University who were conducting certain basic experiments in order to learn more about development of the chimps' special sensory apparati (sight, hearing, smell, touch, etc.). This particular chimp had been raised in total darkness in an effort to study his adaptation and adjustment when finally exposed to light. Upon exposure to light he had overturned a sliding board, become pinned beneath, and fractured the right humerus.

I inquired of the attendants as to why they had not taken him to a veterinarian instead of a doctor of medicine. They replied that in addition to the Yale scientists' personal interest in this animal there was financial concern as well: Mr. Chimp represented an investment of more than $3,000.

A detailed and systematic examination of the animal showed no detectable injury other than a fracture of the mid-shaft of the humerus. There was moderate deformity and crepitation on movement of the arm. X-rays made at the Yerkes Lab showed an oblique fracture without comminution of the mid-shaft of the humerus.

For the type of patient I usually treated, a hanging cast would have been ideal, but after discussing the problem with the attendants, we felt that in this particular case the extremity should be immobilized against the chest. Using tongue blades, adhesive tape and cotton padding, a coaptation splint was applied around the fractured upper arm. A plaster jacket was then applied, leaving the right hand and wrist exposed; the left arm remained free. A post-reduction film showed the fracture to be in satisfactory alignment.

About eight weeks later, x-rays revealed satisfactory bony union, and the plaster jacket was removed. After another two weeks my wife and I, with our four small children, went out one Sunday afternoon to see the primate. My patient looked as good as new and was already using the arm very well. He had an almost full range of shoulder motion, with good function of the hand, and a complete recovery seemed assured.

Although my chimp could not top Wislocki's elephant, or Harrold's whale, he was, nevertheless, a most unusual and interesting patient.

Seaborn A. Roddenbery '42
Columbus, Ga.

BOOK REVIEW

A HISTORY OF THORACIC SURGERY, Richard H. Meade. C. C Thomas, Springfield, Illinois, 1961.

In a prefatory note, Dr. Meade states that his objective is to provide "the student, the young man starting in thoracic surgery, and those who have long practiced it . . . a source of knowledge which they can easily and pleasantly use." The plan of *A History of Thoracic Surgery* has obviously been adopted with this worthy purpose in mind. Each topic — for example, pulmonary tuberculosis, patent ductus arteriosus, to mention but two of a great number — is developed independently. As a result, the reader is provided with an impressive amount of source material, interspersed with personal recollections of the author who, though he is by no means of venerable age, is senior enough to have his distinguished professional career span the coming of age of thoracic surgery.

Unfortunately, the total effect is confusing. At times facts and names appear almost at random, and the importance of a contribution is lost in inconsequential details of original procedures and experiments. This is unfortunate, for Dr. Meade clearly has a tremendous store of background information and a sincere urge to see that credit goes where it is due. To the individual interested in establishing claims of surgical priority — a Herculean and usually frustrating endeavor — Meade's *History* should prove useful, for it contains a number of collector's items conveniently packaged. It needs, however, a good deal of sympathetic editing.

It is a disappointing book, disappointing because the author's enormous effort fails to jell. In all its many topics it should prove a useful point of departure and an excellent compendium of references, but as a history of thoracic surgery it can be recommended only with reservations.

J. Gordon Scannell '40

LANGDON PARSONS '27

Harvard Medical Alumni's Ambassador-at-Large

No one who knows him well has ever doubted Lang Parsons' chances of success except Lang himself. His recent appointment as Director of Alumni Relations and clinical professor of obstetrics and gynecology at Harvard is a case in point. His preparation and aptitude for both assignments are superlative — one can be sure the jobs will be done well.

Lang's tendency to differ in opinion from the world around was noticeable early in his career. Although his record in the Milton public schools earned him the Yale Club of Boston scholarship to college, he spent two years after graduation in the brokerage business before he could be certain that his inclinations and learning power justified his entrance into medical school.

Like many another student before and since, Lang needed outside employment to help pay his way; the job he found almost certainly influenced the course of his subsequent career. During his second and third years, he earned his keep as student intern at the Free Hospital for Women in Brookline and was thus brought into closest contact with hospital patients on a service primarily oriented toward the field of gynecology.

At this time the resident staff consisted of two medical students. Under the unwinking scrutiny of Miss Hannah J. Ewing, the superintendent, they spent three mornings a week — from 7:00 to 11:00 — in the operating room, pouring ether or assisting the surgeon, with time out for the preparation of frozen tissue sections when requested. Sunday was an easy, lazy day, and they could sleep undisturbed until 6:30 a.m. The mystery is how they managed to keep up with their medical-school teaching sessions, most of which were lectures and demonstrations. On the other hand, the high percentage of extraordinary success achieved by graduates of this system can reassure us that the present curriculum is on a proper course.

Student internship at the New England Baptist Hospital nourished Lang during his final medical undergraduate year. Surgery then claimed him, and training followed at the Massachusetts General Hospital. At its conclusion in 1929, he joined Joe V. Meigs as his assistant in private practice. Dr. Meigs had, until 1927, assisted George W. W. Brewster, having succeeded Arthur W. Allen in this job. Brewster never took another full-time assistant after Meigs, using instead either H. H. Faxon, who worked with Allen, or Parsons, when he needed a helper.

Lang's long apprenticeship with this cluster of great clinicians and skillful surgical technicians completed his education in superb style and provided him with a fund of stories and anecdotes that has proved inexhaustible. No one, I am sure, has ever heard all that can be told about those occasions when George Brewster drove out to the old Glover Home and Hospital as surgical consultant to Dr. William Mitchell. Instruments were sterilized by boiling on a stove where they competed for space with pots of soup and coffee, to be consumed by the surgeons after the operation was concluded and while the patient was conveyed back to his room on a stretcher borne by firemen summoned from the nearby station.

After six or seven years of assistantship and six more of independent private practice, the call to active duty of affiliated General Hospital #6 ushered in a wartime break of three and a half years. Lang's broad general surgical experience, including particularly his service with the fracture group at MGH, quickly and predictably drew him a transfer to another unit as chief of surgery. This unit, the 52nd Station Hospital, served in French Morocco and Naples where it expanded to general hospital size and status. For one year he functioned, in addition, as chief of a maxillofacial center, bringing experience and special skills to bear in the post-emergency management of a surprisingly large number of the surviving wounded, a group with whom even the best efforts of good general surgeons more often than not achieved discouragingly poor functional results. In this assignment he echoes the note sounded by V. H. Kazanjian in World War I and, like Kazanjian, he was decorated for the contribution thus made.

He had recognized long before that his special aptitude lay in the teaching and practice of gynecology; on returning to civilian surroundings he joined Joe Meigs and two younger men for private practice in the specialty, with teaching appointments at Harvard Medical School, the Vincent Memorial Hospital (gynecological service of the Massachusetts General Hospital), and the state cancer hospital (Pondville) at Norfolk. His present hospital affiliations include Boston Lying-in and the Free Hospital for Women. Within three years (1949) he accepted Boston University's invitation to join the faculty as professor of gynecology.

Successive classes of students at B.U. will remember his course in gynecology, a series of lectures and seminars which he prepared and presented with loving care. His urge to teach was apparently more whetted than sated by this experience; even the continuous daily preceptorship duties that accrued to him as chief of the department of obstetrics and gynecology at the Massachusetts Memorial Hospitals must not have assuaged his appetite, for in 1953, and again in 1962, textbooks issued from his pen. Only those closest to him can know the personal time and personal effort he expended so freely in the preparation of these manuscripts. Yet he considers himself repaid with handsome interest from the extraordinary success of the first book, an atlas of technique, and the welcome reception already given to his recent monumental basic text.

Not to mention his lighter side, not to speak of his social being, would be to neglect one of the brighter facets of this study. He is legendary for his ability to tell the story that fits the occasion and to tell it exceedingly well. It is known that at college he made *Skull and Bones* and played varsity baseball. Whether he hit the ninth-inning, bases-loaded home run, or in any other way qualified for inclusion among the numberless contenders for the Frank Merriwell Award, has not been revealed. Golf superseded baseball, and now, in turn, gives way grudgingly to curling. Literally dozens of societies and clubs have sought his membership, and he has always lent stimulation to their meetings.

One consuming passion has always claimed Lang's devotion; one constant thread runs bright through his career: the irresistible compulsion to come to grips with cancer and to defeat it. On close inspection his heroes are more often than not fellow warriors in this struggle; the triumphs he claims are invariably in this setting.

He has studied cancer's ways far more closely than most of us, as one must study a cunning, quick, and powerful adversary. One needs little imagination to picture him face to jowl with the beast in the best tradition of Greek drama, eager for the battle and for victory — too few of this species around, you may think, as you survey the medical scene.

Howard Ulfelder '36

Along the Perimeter

The Francis A. Countway Library of Medicine

Front view of the Francis A. Countway Library, from the architect's model. Users of the library will enter by a bridge which crosses a sunken, landscaped plaza. The purpose of the plaza is to provide daylight and a pleasant view for readers on the floor below the entrance level. The façade above the first floor will be faced in stone — probably marble — with vertical windows recessed about ten feet.

Hugh Stubbins & Associates

Library Notes: Countway Library

At long last the architectural designs for the Countway Library have been unveiled. By September, 1962, they had evolved far enough to be presented to the President and Fellows of Harvard. At its meeting on October 15, 1962, the Harvard Corporation approved the general architectural concept, the construction budget, and the design goals. Here we present the plans of the great new library building that will soon rise at the Harvard Medical School and will house the rich collections of books and periodicals now in the Boston Medical Library and the Harvard Medical Library.

The site of the building is a good one. Its location will place the library resources close to the large majority of potential users. The available land space was obviously too small to permit the usual horizontal arrangement, which attempts to place on an entrance floor all of the most-used materials and services, but which is often self-defeating because it creates horizontal distances too great for comfort and efficiency. The architect of the Countway, taking advantage of the restricted site, has designed a vertical library, one which brings most of the frequently-used services close to the front door and within reach by vertical travel. Such travel is made quick and easy by high-speed elevators.

The architect, Mr. Hugh Stubbins of Cambridge, was selected for a variety of compelling reasons, one of which was the fact that he had never before designed a library. It was believed that he would bring fresh ideas to the task; his concept of a vertical building, with its unexpected advantages, was an early indication that our hopes on this score were being realized.

Another difficult aspect of the architect's assignment was to design a structure that would sit harmoniously among the stately 1905 buildings of the quadrangle and yet be in a style not inconsistent with the 1960's. For some of us it was not easy to imagine a contemporary building beside Building A. However, in due course, Architect Stubbins produced an exterior design that is consonant with the surroundings at the same time that it does not make artificial — indeed, dishonest — compromises with today's best notions of contemporary design. This has been achieved largely by a relationship of mass, form, and proportion. The Countway building matches Building A in total height; it repeats Building A's heavy roof cornice by the ingenious use of a recessed outside wall at the fifth floor; it suggests the conspicuous columns of the Building A portico by its recessed window spaces running vertically from the ground to the fourth floor. Other design devices relate the structure to Building B. The exterior stone, whether marble or limestone, will match the quadrangle buildings.

The general design of the interior is based upon a recognition that users of medical literature make a distinction between periodicals and monographs. The library plan reflects this dichotomy: the periodicals are downstairs, the monographs are upstairs. It is an easily-understood division; no one need consult lists, catalogs or librarians, to know where to find either of these two major classes. Likewise, there is a division between the most-used and the less-used, and this division is made simple by defining "most-used" as everything published during the last ten years, and "less-used" as the older materials. This scheme applies both to periodicals and books. One can thus make a simple directory for the main collection, as follows:

Entrance floor: Card catalog and other services
Second floor: Most-used monographs (last ten years)
Third and fourth floors: Less-used monographs
Lower level I: Most-used periodicals (last ten years)
Lower level II: Less-used periodicals

A simple and consistent arrangement prevails on the major floors where books and journals are shelved. First, there is a central core where the movement of readers is concentrated. Here are located the elevators, stairways, restrooms, and so forth. Noise and movement are therefore isolated to this area. Around the core is a thick ring of bookstacks, accessible from any desired point of entry. Once the reader learns the arrangement of the collection, he can go directly to the book or journal he wants with a minimum of wasted travel through other parts of the collection that are irrelevant to his need. A further concentric ring lies outside the bookstacks ring; this is the reader area, extending along the outside walls on all four sides of the building. The reader, having found his book close at hand, now finds a comfortable chair and table nearby in an exceedingly attractive reading alcove, not at an expanse of picture window, but in a space which provides a decorous amount of outside daylight and a diagonal view from smaller windows at the alcove sides. Here the reader is removed from traffic lanes and well-shielded — by the thick ring of bookstacks — from the inevitable commotion of people coming and going around the central core.

In addition to finding comfortable furniture and good lighting in the reader alcove, the reader also finds a choice of accommodations: tables for four, two, or one; carrels, studies with locking doors, conversation rooms, smoking and non-smoking rooms, rooms for typing or dictating. We have probably missed someone, but we think we have provided for most people's tastes and idiosyncrasies.

The matter of choice has been prominent in the planning. Not only will readers be able to choose between fluorescent and incandescent illumination when they pick a place to read, but the library administration has given itself and its successors a number of important alternatives. For example, the building design will make it possible to operate the reserve book service either as a closed or open reserve system, either one equipped to vary control as may be necessary. The exit control system also provides for varying degrees of discipline. Thus, we hope, the building itself will not interfere with future modifications or changes in administrative or operating policies, such changes being inevitable.

Flexibility has perhaps been the single most important objective in the planning of the Countway building. Aspects of the literature explosion — new periodicals, new types of periodicals, new forms of published indices — have presented a difficult challenge. Possibilities of miniaturization (e.g., microfilm, microcards) and for mechanization (e.g., punched cards, computers) have not permitted us to plan simply for the conventional book and journal format. At the same time, the future is very obscure, and it is impossible to know in any final way what types of mechanization will adapt well to the library's needs. In terms of architectural design, the sensible solution has seemed to be to plan space for easy conversion. For example, it will be possible in the Countway building to move whole sections of bookstacks out and to move computers in. Floor loads and electric power lines have been calculated with these possibilities in mind. On a less dramatic scale are the following: certain conversation rooms on each floor are convertible to photocopy rooms, if the deploying of copying machines becomes desirable and if future machines are as noisy, as heat-generating, and as large as the present Xerox 914. Individual studies can be converted to slide-viewing rooms if necessary. Alcoves with two studies can be converted to open alcoves for six readers if the reader traffic increases beyond present expectations; or vice versa, six-reader alcoves can be made into individual studies if future educational or research use of library materials suggests this as a more desirable kind of facility. Many other examples of flexibility and convertibility could be described.

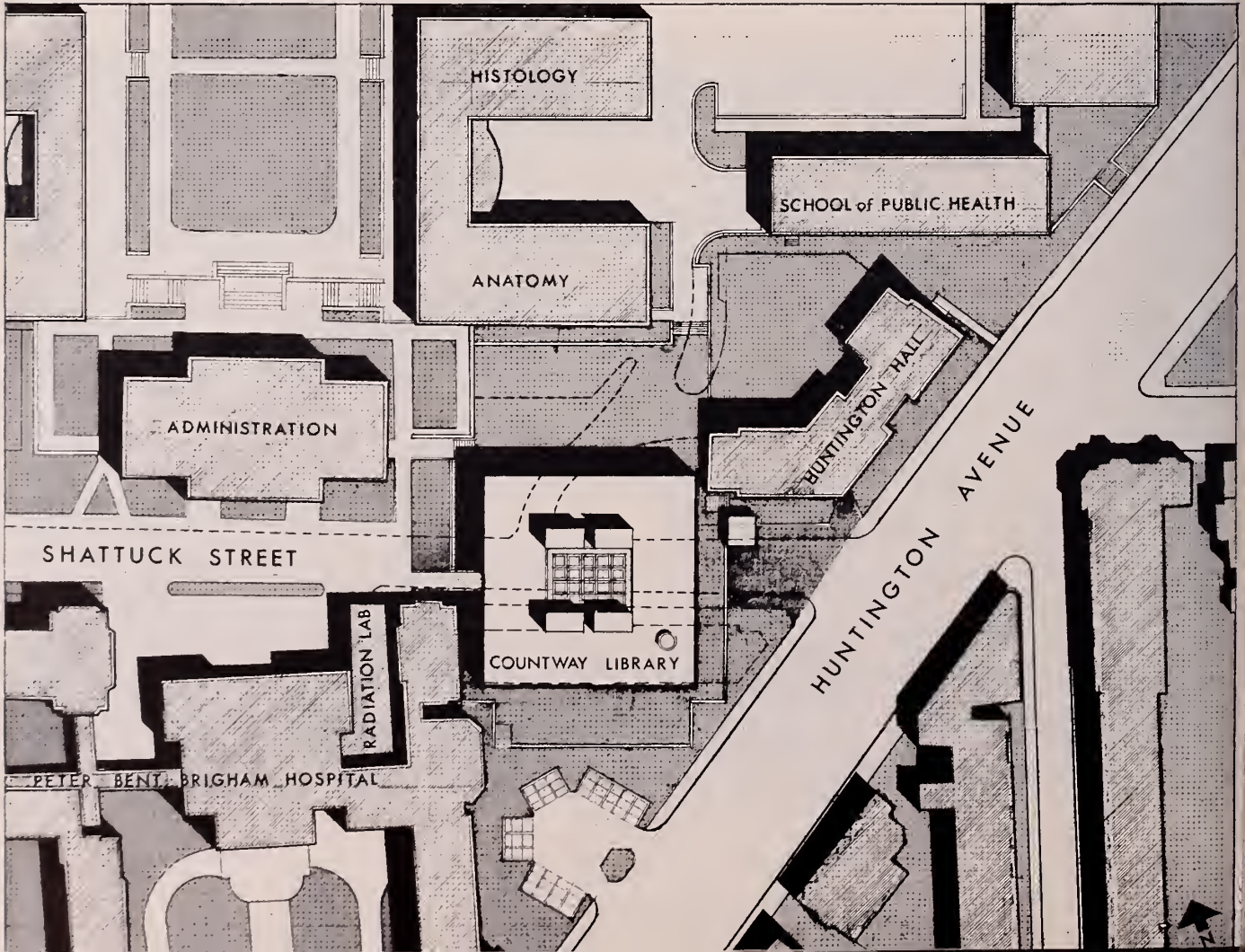
Mention should also be made of the very important fifth floor, where a history of medicine suite and a rare-book reading room will be located. The incunabula, the sixteenth and seventeenth century treasures, and the other irreplaceable possessions of the Boston Medical Library will have a commodious and air-conditioned home in the Countway. It is intended that these materials should be used. Offices for a history of medicine professor are being provided, as well as a club room for student groups interested in the history of medical science. It is hoped, and indeed expected, that these elements will stimulate a renewed interest in the historical aspects of our science, and that a totally new and significant approach to history will be made at the Medical School.

On the sixth and top floor will be the editorial offices of the *New England Journal of Medicine* and of the *Journal of Bone and Joint Surgery*.

There are other features of the building that should be mentioned. There will be a lounge and coffee-vending

Site plan showing the proposed location of the Countway Library. The former nurses' residence of the Peter Bent Brigham Hospital will come down, and Shattuck Street is to be closed off between Building A and Huntington Avenue. The entrance to the Countway will be at the new closure of Shattuck Street, facing west. An L-shaped driveway for deliveries will connect Huntington Avenue with a Kiask-covered sidewalk elevator at the northeast corner of the library. On-site parking will be provided for library users who do not have offices in the quadrangle.

Hugh Stubbins & Associates



machine in the basement. A drive-in window will permit the busy doctor to drop off a library book without leaving his car. There will be an audio-visual aids department and adequate space for photocopying services. An Extramural Service office on the lower level will provide speeded-up transmission of books and photocopies to hospitals and physicians from other neighborhoods and cities. An underground entrance will permit the laboratory worker to duck over to the library in midwinter without changing his white coat for overcoat. There will be exhibit areas, galleries for portraits, and a coat room equipped with both hooks and coin-operated lockers.

During a period of unprecedented growth of library collections, characteristic of the first half of the twentieth century, there arose a conviction among library planners that it was impossible to design a library building that would not be obsolete in 20 to 25 years. This fatalistic point of view has had its harmful influence on library architecture, and factory-like structures have been erected on many college campuses. They seem to cry out that they were not built to last. Those who are planning the Countway take the position that a careful consideration of future probabilities can provide most of the answers needed for proper building design. Thus, for example, it is possible now to make a reasonable estimate of optimum size of collection to serve efficiently the Harvard Medical community. With such alternatives as the book-storage facilities at the New England Deposit Library and increased use of microfilm, it is possible and desirable to design our library's bookstacks in terms of convenience, comfort, and efficiency, rather than in terms of indefinite growth.

This approach to the architectural problem has led us to the conviction that we can and should build for the ages. We take a firm stand on this point; we cannot believe that a library building must become obsolete after 25 years. When the Francis A. Countway Library of Medicine opens its doors in 1965, it will be here to stay.

Ralph T. Esterquest
Librarian

Two major unrestricted gifts, totalling $350,000, have been given to Harvard Medical School to further teaching and research programs.

Of a $250,000 gift from the Surdna Foundation of Westchester County, New York, Albert B. Maginnes, Secretary of the foundation, said: ". . . our trustees are pleased to make this unrestricted gift to one of the country's primary medical resources and its leading producer of teachers."

In accepting a gift of $100,000 from the United States Steel Foundation, Dr. Berry expressed gratitude for the foundation's "perceptive understanding that, as a medical resource serving the nation, Harvard must secure national support."

Crimson Hue of the A.A.M.C. Dinner

Focusing on Dean of Harvard Medical School, Dr. George Packer Berry, and former dean, Dr. C. Sidney Burwell, the annual banquet of the Association of American Medical Colleges took on a distinctly crimson hue. At this meeting of October 29, 1962, the Association awarded its two highest honors — both to Harvard doctors: Dr. Berry received the *Abraham Flexner Award for Distinguished Service to Medical Education;* and the main speaker of the evening was Dr. Burwell who delivered the Alan Gregg Memorial Lecture.

The Flexner Award honors the late Dr. Flexner whose 1910 report for the Carnegie Foundation — on the status of the medical schools in the United States — reshaped the course of medical education in the nation. In the presentation of the award Dr. H. Houston Merritt, Dean of the Columbia University College of Physicians and Surgeons, cited Dr. Berry as a scientist "who has contributed so greatly to the advancement of medical education in our country, as well as in the rest of the world." As president of the Association in 1951-52, Dr. Berry was "the guiding spirit and the dynamo behind the development of the Association's Teaching Institutes."

In accepting the Flexner Award, Dr. Berry said, in part:

"I understand full well that the Flexner Award — which cannot go to an abstraction — has been given to me, not as an individual, but because of my involvement in the inauguration and conduct of the Association's Teaching Institutes. That their stimulating and constructive role in illuminating the problems of medical education should be recognized by an award named for Abraham Flexner is particularly fitting in that the impact of the Institutes during the years since the War is analogous to the impact half a century earlier of his famous report to the Carnegie Foundation. The Institutes, furthermore, are continuing to explore the critical issues that confront us, providing excellent opportunities to delve deeply for the central questions and to seek out the answers.

". . . Without the wise counsel and tireless strivings of . . . a host of other colleagues, the structure necessary for the smooth functioning of the intellectual democracy that should typify an association of teachers and scholars could not have been sustained. But let me leave the past for a brief look to the future.

"We hope to discover ways to diminish the lag in bringing to the bedside the tremendous advances of science, to help busy doctors to learn more effectively throughout their lives, and to make available to all people everywhere good medical care.

". . . Real progress — it seems to me — will stem from within rather than from without . . . from within ourselves, as physicians, teachers, scientists; from within our students. To be more specific: a deeper insight into the true nature of the educative process — on our part

and on theirs — is the essential ingredient. More emphasis on the acquisition of wisdom: less on the acquisition of knowledge. When students experience education at its best, knowledge *leads* to wisdom, and the separation between ideas and taking action on them diminishes. The Association can and should exert a powerful influence through its Institutes in bringing about such improvement in medical education, which will then be education of the type defined by Alfred North Whitehead as 'the acquisition of the art of the utilization of knowledge.' This is the Association's challenging opportunity — because this is the key to a better future."

The Abraham Flexner Award for Distinguished Service to Medical Education, presented at the annual banquet of the Association of American Medical Colleges, honors the late Abraham Flexner whose 1910 report on the status of medical schools in the United States reshaped the course of medical education in the nation. The award was first presented in 1958.

Alan Gregg Lecture*

An altercation within the Faculty of Medicine of Harvard University in 1856 has been described as being the turning point that ultimately led to "real and permanent changes in the standards of medical education in the United States."

The historical evidence was offered by Dr. C. Sidney Burwell, Dean of the Faculty of Medicine at Harvard from 1935 to 1949, in the Fifth Annual Alan Gregg Lecture presented at the annual dinner meeting of the Association of American Medical Colleges. His topic was "The Evolution of Medical Education in the Nineteenth Century." Dr. Burwell, Samuel A. Levine Professor of Medicine, *Emeritus*, at Harvard, is now Special Consultant to the Dean of the Faculty of Medicine.

The controversy to which Dr. Burwell referred involved Josiah Cooke, then the Erving Professor of Chemistry. Dr. Cooke, said Dr. Burwell, "objected to the practice (of the medical faculty) of recommending the M.D. for any student who could pass oral examinations in five out of the nine subjects."

So severe was the altercation that Professor Cooke resigned his role in the Medical Faculty, took his laboratory apparatus, and returned to Cambridge, Mass.

"Since it was only a short time before the autumn lectures were to begin," Dr. Burwell remarked, "and he was a responsible person, although quite angry, he sent a substitute to give chemical instruction to the medical students. For this post he chose a young man who had been working with him in his laboratory for some years."

The young man was Charles William Eliot, who became President of Harvard University in 1869 and thereupon set in motion what Dr. Burwell termed, "the great reform of medical education."

In his first annual report to the Harvard Corporation President Eliot wrote:

> The whole system of medical education in this country needs thorough reformation; the course of professional instruction should be a progressive one covering three years . . . the Medical Faculty has been discussing these much needed changes and will shortly rearrange their program of instruction.

Dr. Burwell related that President Eliot's second annual report, covering the years 1870-71, "includes a disquisition on medical education which described American medical education as it was and set forth what it needed to make it better."

Under President Eliot's leadership, "it was agreed (in 1870) that instruction would be given by lectures, recitations, clinical teaching, and practical exercises uniformly distributed throughout the academic year, and the student was expected to attend throughout the year.

***Reprints of the Alan Gregg Lecture will be mailed by Dean Berry to all alumni early in February.**

The course of instruction was planned for three years, beginning with the subjects of anatomy, physiology, and chemistry. Laboratory work was established to improve the teaching. The examination system was revolutionized, and new appointments were made of individuals who had academic experience and academic stature. The University assumed the supervision and control of the finances of the Medical School. Professors were paid salaries, and as time passed, more and more of them were able to devote their time and strength to their academic duties. The selection of students was made with critical regard for the adequacy of their preparation. The bachelor's degree was not required, but it was interesting to see that the percentage of students who had it rose sharply and continued to rise until the vast majority of the students had a degree. Nothing in all this was more important than that the Faculty of Medicine came to realize that its greatest asset was its membership in the University and that the Medical School was a cherished obligation of the University."

Responsible appointments to the Medical Faculty, Dr. Burwell commented, were considered by President Eliot as his most important function. He instituted the technique of selecting the best man — not those whose selection would be "convenient, locally satisfactory, or traditional . . ."

"The appointments," Dr. Burwell said, "have not been restricted by orthodox classifications, and one can view with pleasure an internist who became a professor of pediatrics, and a biochemist who became a professor of bacteriology. In the early days of the Eliot revolution a startling phenomenon was observed — namely, that people were appointed to faculty posts who hadn't been in the Harvard Medical School or even in New England."

Later, commenting on the new system of medical education, Dr. Burwell quoted President Eliot:

> This system makes much greater demands than the old both upon the students and teachers; and it throws the School out of long-established connections with the other medical schools of the country. The Faculty and the Corporation have been encouraged to make these great changes by the belief that in the long run the best course of instruction will command the most public favor and by their confidence in the support of the medical profession, which has been for a long time demanding some change for the better in the established system of medical education.

The Harvard influence, exerted through President Eliot, was also seen in what Dr. Burwell termed the "next great development in the history of medical education in the Nineteenth Century . . . the establishment of the Johns Hopkins Hospital and the Johns Hopkins Medical School."

The first president of Johns Hopkins University, Mr. Daniel Coit Gilman, was suggested by President Eliot.

"The Hopkins School under Mr. Gilman's leadership," said Dr. Burwell, "carried further the elevation of academic standards that had been begun by President Eliot. Research and scholarship were part of the Hopkins tradition from the first, and men were expected to take responsibility for their own continuing education.

"And so," Dr. Burwell concluded, "we come to the end of the century and find a body of medical knowledge very different from that existing at the beginning. We find the leaders of medical education earnestly striving to understand what is necessary in medical education and to supply it. We find happily a widespread acceptance of the view that the understanding of disease must be based upon the medical sciences, and that these in turn must be based upon other natural sciences.

"If one is to attempt to conclude from a study of the history of the Harvard Medical School what is important in its quality, I suggest that two things outweigh all others: 1) determination to appoint the best men and freedom to do so; 2) a strong continuous relation to a university with high educational standards and with experience in their establishment and maintenance."

The Gregg Memorial Lecture honors Dr. Alan Gregg who, at the time of his death in 1957, was vice president of The Rockefeller Foundation and director of the Foundation's medical science division. Dr. Gregg was held as one of the principal architects of contemporary American medicine. He was a graduate of Harvard College (1911) and the Harvard Medical School (1916).

On October 31, 1962, an imaginary boiler explosion shook the Boston Latin School involving 30 "casualties" that were brought to the PBBH for "emergency treatment." Notes pinned on each boy described his "injury." The "disaster," which included every conceivable detail — even to anxious phone calls from relatives of the "injured" — was planned by the Community Disaster Committee, headed by Dr. Richard E. Wilson.

David Lawlor

Facing Huntington Avenue between Longwood and Shattuck are the new facilities of the School of Public Health.

New Buildings For The School of Public Health

On October 8, 1962, two multi-level research buildings were dedicated — the first new facilities in the 40-year history of the Harvard School of Public Health. Located near the intersection of Huntington Avenue and Shattuck Street. the buildings were designed by the New York architectural firm of Voorhees, Walker, Smith, Smith and Haines. They are joined by a glass-walled stairwell and constructed so that 13 additional floors may be added in the future.

One of the buildings, planned to be a 16-story structure, now has five floors containing The Kresge Center for Environmental Health and the Division of Environmental Health Sciences and Engineering, which is headed by Dr. James L. Whittenberger. Physicians, engineers, physiologists, biologists, chemists, psychologists and other experts are collaborating in studies of medical and engineering aspects of nuclear radiation, air and water pollution, accidents in industry and on the highway, and hazards of the era of jet and space flight.

The department of nutrition and its laboratories, which occupy three of the four levels of the other new building, are devoted to the application of biological and medical sciences to human nourishment and its relation to obesity, heart disease, and other public health problems. Directed by Dr. Frederick J. Stare, head of the department, research is conducted in the laboratory, in the clinic, and in communities of several nations.

At the ground-breaking ceremonies held in October, 1960, particular attention was called to the gift of the General Foods Corporation, which was used in the building of the nutrition research facilities. At $102,600 per year for ten years, it is the largest corporate gift ever received by Harvard. It is significant also in that it is indicative of a new trend in the financing of higher education. Gifts from industry for "bricks and mortar" are rare, and in the past few companies would make them. It has become increasingly apparent, however, that federal and endowment funds alone cannot meet the mushrooming needs of higher education, and corporate contributions have almost doubled in the past few years.

Present at the dedication last fall were more than 300 invited guests, including faculty and friends of the School; members of the governing bodies of the University; and representatives of General Foods, the Kresge Foundation, and other contributing organizations which include the Liberty Mutual Insurance Company, the American Mutual Liability Insurance Company, the Ford Motor Company Fund, the Avalon Foundation, the Esso Education Foundation, and Socony Mobil Oil Company, Inc. Mr. Charles G. Mortimer, chairman of the General Foods Corporation, and Mr. Stanley S. Kresge, president of the Kresge Foundation, took part in the ceremonies, as did Congressman John E. Fogarty of Rhode Island and Dr. Luther L. Terry, Surgeon General of the United States Public Health Service. Other speakers were Dr. John C. Snyder, dean of the faculty of public health at Harvard; Mr. George A. Brownell, chairman of the Committee Appointed by the Board of Overseers of Harvard College to Visit the School of Public Health; former governor of Massachusetts, John A. Volpe, and a representative of the mayor of the City of Boston, John F. Collins. Following the late afternoon dedication, the School of Public Health was host at a dinner at The American Academy of Arts and Sciences in Brookline, at which the speakers were Dean John C. Snyder and Dr. Leona Baumgarter, Assistant Administrator designate for Human Resources and Social Development, Agency for International Development, U.S. Department of State.

In the words of Mr. Brownell, the dedication on October 8 signified far more than an opportunity for "this distinguished audience . . . merely to put a stamp of approval on the addition of two new edifices to the growing University complex." It marked the beginning of a new era for the School of Public Health which for the first time since its foundation is not entirely housed in "remodeled hand-me-downs." The great accomplishments of the School during the past 40 years are proof that "new bricks and mortar do not alone make a graduate school great"; but if so much has been done under less than adequate conditions, the future of the School can only be the brighter with the acquisition of these buildings so suitable to its work and its reputation.

Dana Laboratories Dedicated

The unveiling of a commemorative plaque by Mrs. Charles A. Dana marked the Nov. 30 dedication of the Charles A. and Eleanor N. Dana Laboratories of The Children's Cancer Research Foundation. Completion of the laboratories was made possible by a $300,000 donation to The Children's Cancer Research Foundation from the Charles A. Dana Foundation of New York. Much of the equipment and other furnishings will be provided by the government, probably by April, 1963.

Taking part in the dedication exercises were Arthur H. Lockwood, member of the Executive Committee of The Children's Cancer Research Foundation; Dr. Frederick L. Stone, Chief, Division of Research Facilities and Resources, National Institutes of Health; Dr. Charles A. Dana, president of the Dana Foundation; and Dr. Sidney Farber, Scientific Director of The Children's Cancer Research Foundation.

Located on the fifth floor of the Jimmy Fund Building, the Dana Laboratories are devoted to the discovery and production of new chemical compounds for the treatment of leukemia and other forms of widespread cancer. The addition of these laboratories will make possible a much more effective and complete program of research against cancer.

The work of The Children's Cancer Research Foundation has often extended beyond that strictly connected with cancer, and it is expected that this will be the case in the new laboratories. The scope of research possible at the Foundation is due in large part to the policy which was set forth at the dedication of the Jimmy Fund Building ten years ago. Speaking at the November 30 dedication, Dr. Farber stressed two points of this policy: that members of the Foundation are to function as teams or as individuals in complete freedom; and that there is to be an "open door" for all qualified workers in medicine, biology, and cancer research.

Also speaking on this occasion was Dr. Dana, who began his career in corporation law. He served three terms in the New York legislature and managed one of Theodore Roosevelt's presidential campaigns. In 1914 he embarked upon the creation of an industrial empire and on his 75th birthday was cited for "brilliant industrial leadership" in the automotive industry. Throughout his life one of his avocations has been ranching, an occupation he still enjoys. Among the many interests of Mrs. Dana (Eleanor Naylor) are medical care and research, particularly in the field of cancer.

Dr. Dana's gift to The Children's Cancer Research Foundation, like his other philanthropic activities, is planned to bring maximum good to the Foundation through his "challenge gift" idea — by inspiring far greater efforts in behalf of the institution by those persons who are devoted to it.

The New Division of Mathematical Biology

The small town of Varenna in northern Italy can be said to have played an important part in the creation of Harvard's new division of mathematical biology. In July, 1960, the Società Italiana di Fisica presented there, at the Enrico Fermi International School of Physics, a course entitled "Physicomathematical Foundations of Biology," which was directed by Professor N. Rashevsky, chairman of the Committee of Mathematical Biology at the University of Chicago. The 56 lectures were delivered by eight men, four from the United States, of whom one was Dr. Anthony F. Bartholomay, assistant professor of mathematical biology at Harvard Medical School and head of the new division.

Mathematical biology is by no means a new field, but, according to Dr. Bartholomay, it received tremendous impetus from the course at Varenna. Symposia to discuss the field were held by the American Mathematical Society, the New York Academy of Science, the Biometric Society, and other interested organizations. One year after Varenna the NIH sponsored a conference at which were considered the definition of mathematical biology and ways of implementing training programs in the field.

In the October, 1960, issue of the *AIBS Bulletin* appeared an editorial by Dr. James Bonner of the division of biology at the California Institute of Technology. He asserts that there are certain problems, primarily of systems analysis, which:

> biologists by and large are not able to tackle profitably . . . (problems) which have in common the quality that their study requires not only knowledge of biology and biochemistry but also knowledge of logic, information theory, network theory, and analytical mathematical ability

Dr. Bartholomay

. . . But we do little to insure that the next generation will possess such skills and wisdom.

In this atmosphere of increased interest, plans for a division of mathematical biology at Harvard Medical School, already under consideration for some time, materialized; and grants from the NIH made possible the development of a biomathematics laboratory. Dedication ceremonies of the new laboratory, located at the Peter Bent Brigham Hospital, were held on January 14 — the main speaker was Dr. Rashevsky.

Harvard's division of mathematical biology has been in operation since July 1, 1962, and a number of traineeships and fellowships became available in January. Assisting Dr. Bartholomay this year as senior members of the staff will be Dr. Giorgio Segré, on leave from the department of pharmacology at the University of Turin in Italy, and Dr. James Defares, head of the pathologic physiology department, University of Leyden, Holland.

The new facility will provide a center for training and research in the area of the application of mathematical thinking to medical and biological problems. It will, for example, investigate the role of the high speed computer in problems of medical diagnosis and research, using the IBM 1620 computer with which the laboratory is equipped. Through the new division it will be possible for medical students and research fellows at the Medical School to secure both informal training and regular course work in the various aspects of this subject which has never before been integrated into the educational program of a medical school.

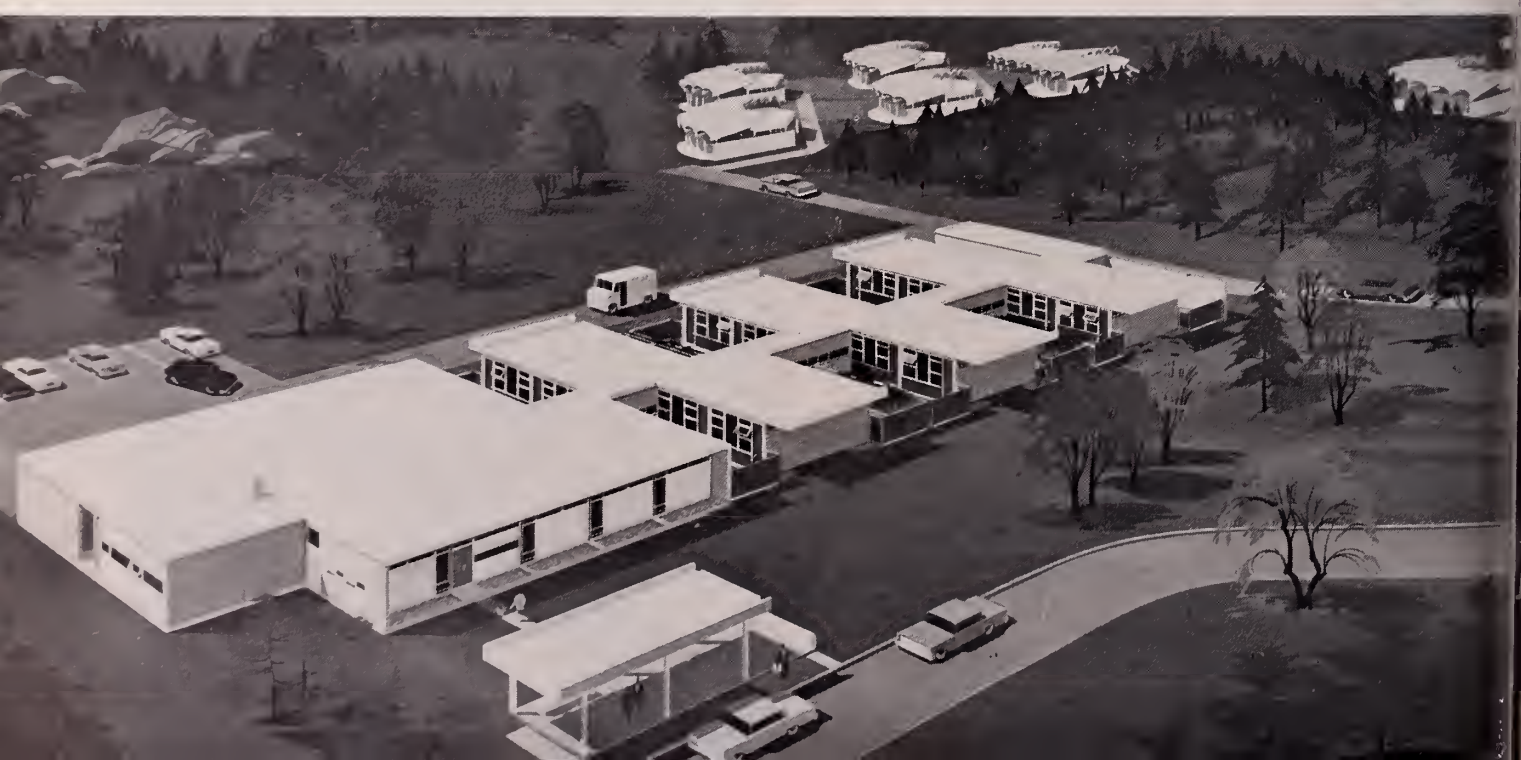
First Adele Lehman Professor Appointed

Dr. Bernard D. Davis, head of the department of bacteriology and immunology at the Harvard Medical School since 1957, has been named the first Adele Lehman Professor in Harvard's Faculty of Medicine. Dr. Davis, a microbial geneticist, probes the secrets of bacterial cells to add to the understanding of heredity and control mechanisms in all living organisms, including man.

Dr. Davis and his associates have been particularly interested in the mechanism called "repression" — a chemical feed-back phenomenon that illustrates "intelligence" in cellular behavior. Cells that for some reason have changed or mutated — as in cancer — continue to produce materials they do not require. In normal cells an enzymatic feed-back or braking system slows or stops the production of these no-longer-needed materials. Knowledge of this chemical feed-back mechanism points to a new and extremely important type of genetic control of biological systems — the regulation of the synthesis of enzymes.

Dr. Davis has recently directed his attention also to problems of cell-membrane permeability — the transport of materials in and out of the cell. He has shown that the unit responsible for the transport of citric acid — an essential for the combustion of fuels in all cells — across a cell membrane can be altered by repression as well as by mutation. This discovery offers a powerful tool for approaching one of the least-understood aspects of cellular physiology — the remarkable capacity of cell membranes to select only certain substances in and out of the cell.

Acting on behalf of several Greater Boston and New England universities and medical institutions, Harvard Medical School will develop a 2½-million-dollar New England Regional Primate Research Center on a 140-acre tract of land in Marlboro and Southboro, Mass., under a grant from the National Heart Institute, National Institutes of Health, of the United States Public Health Service. The Center will house approximately 1000 monkeys and apes. The six-building plant, designed by architect Chester Nagel, will be completed in two stages, the first in two years, and the second within the next five. Dr. Bernard F. Trum, director of the Animal Research Center at the Medical School, will be director of the new Center which will employ approximately 120 scientific and administrative personnel.



A graduate, *summa cum laude,* of Harvard Medical School in 1940, Dr. Davis was professor and chairman of the department of pharmacology at the New York University College of Medicine prior to joining the Faculty of Medicine at Harvard. He is a member of Phi Beta Kappa, Sigma Xi, and Alpha Omega Alpha. Among his professional affiliations he lists the American Academy of Arts and Sciences, American Society of Biological Chemists, American Society for Microbiology, American Society for Cell Biology, the Society of General Physiologists, and the American Association for the Advancement of Science.

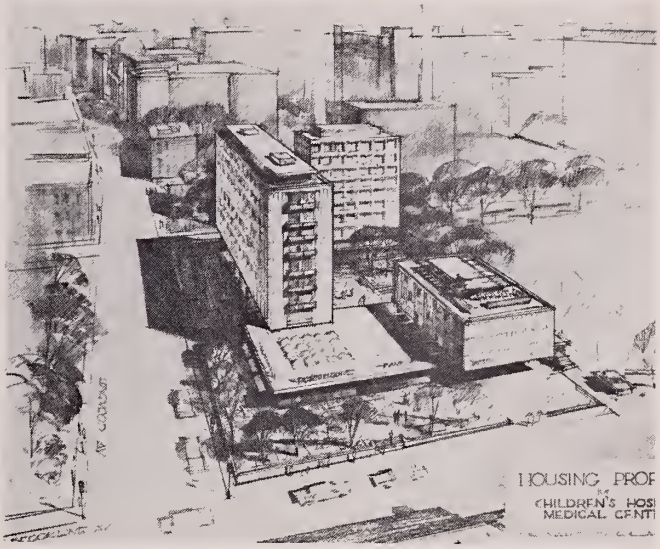
The Adele Lehman Professorship honors one of the nation's most distinguished community leaders, Mrs. Adele Lehman of New York City. The chair was established at Harvard in September, 1962, following the receipt of two gifts of $250,000 each, one from the Adele and Arthur Lehman Foundation, the other from Mr. John L. Loeb.

New Buildings For Children's Hospital Medical Center

The Children's Hospital Medical Center has embarked upon a massive building program which began in July, 1962, with the expansion of the dining facilities. Construction was completed in December and has provided space for the seating of 150 more persons plus a special dining-room and lounge for the doctors at the hospital.

Shortly before this construction had begun, Dr. Leonard W. Cronkhite, Jr., General Director of the Children's Hospital, announced plans for the construction of housing facilities for the house staff, fellows, and graduate nurses of the Children's Hospital Medical Center. Incorporated within the structure will be an underground parking area, a well-staffed nursery school, and a small amount of commercial space to include a restaurant, bank, cleaning establishment, and other such conveniences.

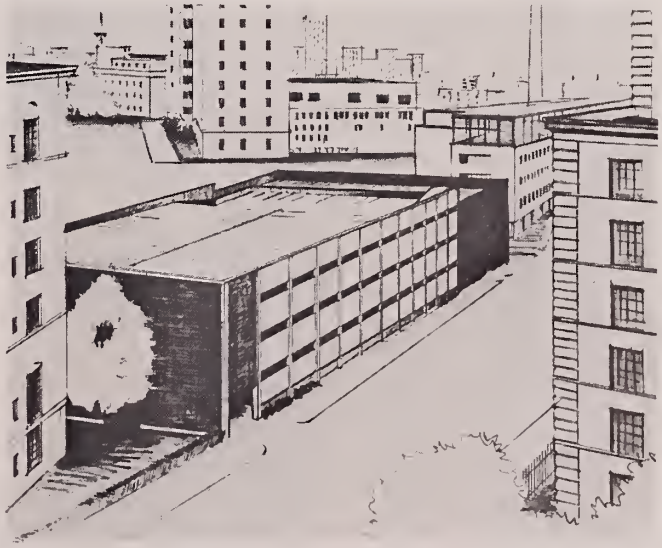
Fifteen hundred questionnaires were circulated to obtain preferences in the type of apartments contained in the housing center, and the response has been enthusiastic. Mr. Rudman Ham, director of general services, reported that over 500 of the questionnaires have been returned, some with constructive comments attached. Many persons, for example, noted a desire that the apartments be soundproofed. Mr. Ham has encountered several rather original requests: "One fellow," he said, "asked for an all-night barber shop; another wanted space allotted for cocktail parties . . ." As for the apartments themselves, it is projected that they will run from about $60 a month — for one room and a kitchenette — to about $130 a month for four rooms and a kitchen. The housing center will also include a motel — for the use of families whose children are being treated at Children's Hospital. It will, therefore, not be a typical commercial motel, but one which is more specifically adapted to the needs of such families.



Architect's sketch of the proposed housing project, looking down Longwood Avenue toward Children's Hospital.

Designed by Architects Collaborative, the housing facilities will occupy the hospital-owned lot, 65,000 feet square, on the corner of Brookline and Longwood Avenues. Because this lot is currently used for parking by hospital employees, construction of the housing center must be delayed until alternate parking facilities are provided. Such facilities, designed by Parking Associates, will be built on the present Gardner House parking lot and will open onto Avenue Louis Pasteur. Four hundred and fifty cars may be accommodated if parked by their owners — 650, if parked by attendants. The parking system will probably be a combination of self- and attendant-parking. Construction is to begin in February, 1963, and it is hoped that the parking facilities will be completed and in use by the end of the year, after which the construction of the housing facilities will be able to go ahead. Both the housing and parking projects are to be self-financed.

A tentative sketch of the Gardner House parking facilities, made by Parking Development Company, looking down Avenue Louis Pasteur, into which the cars will exit.



Inside HMS: A Mot Juste About Forme Fruste

Long before I had arrived on the medical wards as a heavy-lidded fourth-year student, the term *forme fruste* had gotten out of hand. Even from the first day of my sallow tour of duty, I came to realize that *formes frustes* were everywhere, some a little more *fruste* than others. In working up my first case I had cleverly partitioned my time between the laboratory, the ward and the cafeteria, heavily weighting the latter; I had just returned from a brief repast and was picking the splintered glass out of the microcapillary tube centrifuge — into which, moments earlier, I had placed several intact microhematocrit tubes — when I was accosted by the A.R., which is to say, the assistant resident. He seemed a friendly chap.

"Well," he said, somewhat gruffly, "how do you put all this together?"

"Well," I said, "this fellow seems to be a fairly typical case of rhinitis plastica, or leather bottle nose. He used to work in a tannery, you know." You may well imagine that a note of derision rankled in my bosom.

"Aha!" snorted the resident, "I thought you'd fall into that trap. Essentially," he added, "essentially, I make this case out to be a *mezzo-mezzo forme fruste* of lethal midline granuloma." And he turned away, snuffling up his sleeve, and, snapping his fingers in an arbitrary way, went back to the wards. He had apparently taken my innocent gibe seriously.

That was my first brush with *forme fruste*. It was to haunt me almost as assiduously as the term "incomplete penetrance"; I was told by a resident that it was my unwillingness to accept *forme fruste* and incomplete penetrance which prevented me from including in my differential diagnoses diseases of which the patients had no symptoms, a serious oversight. "You will recall Osler's famous address at New Haven entitled 'Flexibilitas,'" the resident said. "You have to learn to lose that rigidity of thinking, that provincialism which characterizes so many of you young kids."

"Yes," I said eagerly, "yes." (I was in my James Joyce phase.)

Two days later I was doing a finger-stick on a plethoric patient with a palpable spleen and no high blood pressure, a triad not described by Felix Gaisböck several years ago (like 50 years ago). The A.R. accosted me and asked, "Well, how do you put all of this case together?"

"Well," I answered incisively, "it sure looks like Gaisböck's syndrome." I could see the blood rush to his head.

"What do you mean?" he said, "This fellow has a spleen tip palpable and is normotensive."

"Forme fruste," I breathed, dropping all my coverslips to the floor in my moment of triumph.

"What are you — a wise guy?" asked the A.R., and went away. I felt I had failed to pull it off properly.

On Visit Rounds the following morning, I was sticking very close to the teaching resident, greedily lapping up the "pearls" that clattered helter-skelter from his mouth as we passed from bed to bed. At one pallet we stopped, and the intern, who seemed like a friendly chap, related an involved patient history which included an episode of mild low back pain. "Rather *forme frustoid*, isn't it?" whispered the teaching resident.

"Huh?" I said, thinking how furry my tongue was from lack of sleep due to a red cell osmotic fragility test I had foolishly agreed to do the night before on a patient with an osmotic diuresis.

"Yes," hissed the resident, *sotto voce*, "brucellosis."

"BRUCELLOSIS?!!" I said.

"Yes. Brucella thrives on the nucleus pulposus in the intervertebral disc."

"But, but," I said, "this fellow never had disc signs with his mild backache, and besides, he never had any fever, malaise, headache, anemia or constipation, and he always lived in the city. How could this be brucellosis?"

"That's just it," he answered. "The patient is beautifully brucelloid in a *forme fruste* sort of way."

"Holy cow," I said.

Not long after this, I was busy *rectalizing* a patient, pretty much tending to my own business, when the A.R. pushed his head between the curtains around the bed and asked if I had finished rectalizing the patient. Even to a casual observer it would have seemed rather clear that I had not. After watching with some interest my activity during the examination, he commented that I "seemed to be rather *Herculoid* in (my) rectalizations." After I had completed my task, he asked if I wanted to press on over to the psychiatric ward to see a *manoid-depressoid* whose i.v. of Thorazine had "gone interstitial."

"Manoid-depressoid?" I asked. "Why do you say that?"

"Well," said the resident, "he looks too rose-oid to be psychoid."

"Holy cow," I said. At least it was not a *forme fruste*.

The upshot of the whole harrowing experience is that I came away from the wards with several impressions: 1) All that glitters is gold-oid; 2) the process by which a seemingly straightforward case is rendered absolutely unintelligible is a complex thought process termed *forme frustalization* (often the Visit will ask, "Has the case frustalized yet?"); 3) Gertrude Stein, what is going on here?

Pepper Davis '63

Regional Activities

The Harvard Medical Society of New York met on October 25, 1962, for their annual fall dinner. There were 110 members and guests present, under the gavel of Dr. Benjamin Carey.

Dr. Robert C. Darling, chairman of the Membership Committee, presented the following nominees for membership, and all were duly elected:

Dr. Benjamin Kightlinger	'55
Dr. Robert DiMauro	'62
Dr. Ronald Grimm	'61
Dr. James Todd	'57
Dr. William Greene	'54
Dr. Richard Watson	

The guest interns were then introduced, and Dr. Carey went on to discuss the proposed "Harvard Night" for the April meeting. This was to be presented to Dr. George P. Berry at an Alumni Council Meeting in December.

Following the business meeting the Society enjoyed a witty and urbane talk on "Public Relations" by Mr. Rufus Jarman, whom Dr. Harvey S. Collins, Secretary-Treasurer of the Society, called a "wonderful raconteur."

October 16, 1962

Dear George:

The record of the Harvard Medical Alumni Fund is quite astounding. I continue to be amazed by the record of accomplishment, in terms of contributors and total contributed, in a school with a relatively small number of graduates. It is a wonderful tribute to the sense of unity and professional pride which have come to be associated with alumni support of the School in so many directions. Since you were the one who provided national inspiration for the Fund and its development, I send you this note in congratulation on behalf of the University, but I know that many others must have played a large part in the Fund's success, and if it were possible to thank them personally, I would certainly want to do so.

Sincerely yours,

Nathan M. Pusey

Dr. George P. Berry, Dean
Harvard Medical School
25 Shattuck Street

Two scenes from the second year show, "A Goose in the Bush," performed on December 1, 1962. "We like to think," said one of the directors (solemnly), "that this is the sincerest form of flattery." (left) "This attractive youngster is my grandson. I told him you're all real doctors." (right) "Those girls want to be professional women, do they? Well, I'll give them a profession."

Herman Goslyn

DIAGNOSIS DEFERRED

Granteaters Galore

Under the title "Parkinson's Law in Medicine," Geza de Takats in our relatively esteemed contemporary, the *New England Journal of Medicine,* discussed on January 21, 1960, the subject of granteaters in terms of medical research. According to Professor Parkinson's famous observation, not only is there no direct relation between the amount of work to be done and the number of persons assigned to its completion, but actually the ratio is inverse and frequently the fewer there are to accomplish it the more is accomplished.

This principle seems especially applicable to the availability for medical research of U. S. Grants (with no reference to the late U. S. general and former president). de Takats notes that the output of papers conforms to Parkinson's Law in that their individual value also appears to be in inverse ratio to the total output of the laboratory, school or research center in which they are produced.

As a result of the stern mandate, "Publish or Perish," with which investigators are faced, an "astronomic proliferation of publication" results when a preliminary report is first locally published; the same insignificant data are reported (with slight change of title) in three or four journals; a paper is given on the same subject "to various national, state and county organizations, each of which demands a manuscript to feed its own anemic journal;" an oration is delivered before a national or international organization, resulting in

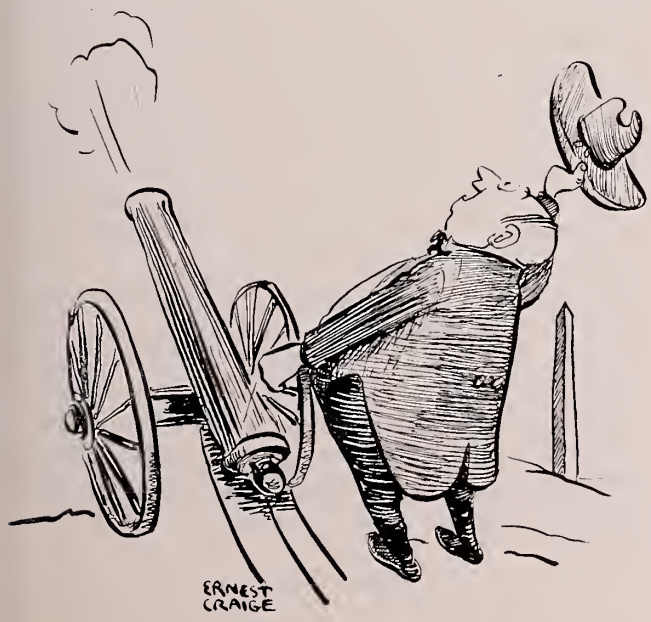
another contribution to the literature, and finally a reappraisal of the original concept is written, "retracting or modifying it to a point where its validity has been destroyed." But this somewhat cynical point of view emanates from Dr. de Takats's home city of Chicago.

Things are done differently New Englandwise and in our own medical alma mater — firmly, if conservatively, dedicated to its own independent pursuit and dispersal of knowledge. For from July through September, 1962, only 120 grants totaling a mere $3,748,471 for basic research, teaching and training in the medical sciences, were accepted by the Medical School, the School of Dental Medicine and the School of Public Health from various divisions of the National Institutes of Health of the United States Department of Health, Education and Welfare. H E W to the line, according to an ancient aphorism, let the chips fall where they may! One must remember, however, that the institution thus benefitted must support with its own hard funds the nidus in which these eggs are to be hatched.

The projects for which the federal funds were allocated are practical, consisting of such subjects as "Biological Aspects of Protein Structure," "Development of a Research Center in Biomathematics," "Studies in Antibody Production," "Factors Influencing Survival of Homograft Tissue," "The Vital Organization of the Erythrocyte," "Neurology Training" and obviously many others. These may be compared with certain more esoteric vital phenomena reported last August in *Science* and discussed also, on October 18, 1962, in the contemporary New England publication previously mentioned.

Thus, with the help of the high-speed camera, it has been determined that the house fly (*Musca domestica*) is able, while apparently in full flight, to alight on a ceiling by dashing vertically head on at it, attaching its forefeet and swinging its body ventrally upward, to ground the rest of its landing gear. Moreover, the "staggerer" mutant in the laboratory mouse — recognized by its "staggering gait, mild tremor, hypotonia, and small size," for which it is specially bred — is the result of a new mutation affecting the cerebellum. This mutation, due to a single recessive gene, causes the staggerers to fall sideways, even when sitting, and to drag their tails when on the prowl — both almost human characteristics. These studies are a further indication of the thirst for knowledge that is implicit in the twentieth century Renaissance.

The part that Government should play in the promotion of scientific research, especially in medicine and its allied sciences, is still moot. According to President John M. Russell of the John and Mary R. Markle Foundation (who knows a thing or two), in his annual report for 1961-1962, "As Vannevar Bush [who also knows a thing or two] once said: 'The people of this country and the few . . . they have chosen to represent and govern them, have in general an enthusiasm for research, and [at the same time a] serious ignorance as to what it is and how it is furthered.' This is only too true, and as 'the people of this country' through their gifts and taxes are the donors who make the new foundations possible, it is only to be expected that their 'serious ignorance' about research will show through. While we in the past have lived in fear of the dead hand of the donor, we have real reason to fear in the future the live hand of the new type of donor — the American public."



The astuteness of these remarks was also recognized by the *Bulletin's* transriparian rival on the City side of Muddy River, and were editorially discussed as recently as December 20, 1962.

It is significant that both the Markle Foundation and the Commonwealth Fund, with their impressive resources — impressive, yet relatively trifling compared with those into which the Congress can dip its ladle — are redirecting the major part of their philanthropic endeavors to medical education and the development of scholarship in medicine, and to community health. For they cannot hope to compete with the largesse distributed by an openhanded government — an annual largesse that is expected to far exceed $1,000,000,000 by 1970, come hell or high water.

Fortunately education remains a function and possibly the most important one of medical schools — even the best of them. In this relation it is encouraging to note the gift, announced in November, of $1,100,000 from the Vincent Astor Foundation, "to strengthen the Harvard Faculty of Medicine." Vincent Astor, incidentally, had entered Harvard College in the fall of 1911, in the Class of 1915; the force of circumstances caused his withdrawal in the following April, when his father was lost in the sinking of the *Titanic*.

According to Mrs. Astor, president of the Foundation: "We believe that this unrestricted gift will help insure a healthier nation by strengthening one of the country's great centers of excellence in medical education."

Perhaps a few remarks on the durability of the stock of the Puritans might be in order.

FOR A LIGHT: THE STORY

by Charles D. Wrege, Ph.D.

THE official death register of Gloucester, Massachusetts, records the seemingly unimportant death of Dr. Isaac Adams, Jr., "Retired Physician," on July 24, 1911. Yet Dr. Adams, HMS 1862, was a physician, chemist, inventor of the first practical process of nickel-plating and, although it is not common knowledge, an early experimenter in the field of incandescent electric lamps.

With his death the world lost forever the main key to solution of an unsolved mystery, namely: to what extent did Dr. Adams actually succeed in inventing, constructing and operating, in 1865, an incandescent lamp having, aside from a low-resistance carbon burner, all the elements of the high-resistance lamp invented by Thomas A. Edison in 1879?

The question of whether the lamps made by Dr. Adams partially anticipated Edison's invention may seem academic today. In the 1880's, however, various lamp manufacturers in the United States were spending enormous sums in a virtually suicidal effort to annihilate each other, struggling for control of the entire lamp industry. The most important fight was an extended patent litigation called the Filament Patent Suit, initiated by the Edison Electric Light Company in 1885. The Edison Company considered this patent (which covered the "threadlike" filament of the Edison incandescent electric lamp) the controlling patent in incandescent lighting, for it covered the question of the invention of a practical incandescent electric lamp. Sustaining this patent abroad had created a virtual monopoly in electric lighting in several European countries, and the Edison Company desired to obtain the same results in the United States.

Several suits over the filament patent were initiated in 1885 by the Edison Company, but the only suit actually prosecuted was that against the United States

OF DR. ISAAC ADAMS, JR.

Electric Lighting Company. The United States Company, however, considered its patent position much stronger than Edison's. Since its formation in 1878, it had pursued the policy of securing control of inventions or processes, no matter who invented them, which appeared to have any immediate or future value. Among the patents it controlled were those of Moses G. Farmer and Hiram Maxim, men who had worked in the field of incandescent lighting long before Edison.

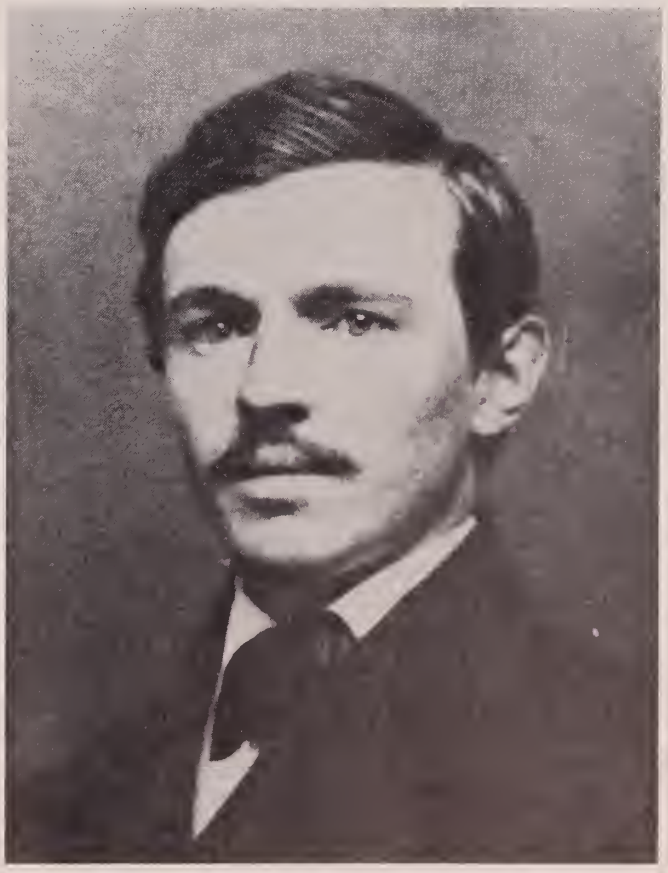
Hearings on the suit began in 1889, and the United States Company soon discovered that its position was not so secure as it had imagined. Emergency action was initiated by Charles R. Flint, president of the company, who directed the patent attorney, Leonard E. Curtis, to "spare no trouble or expense in collecting information in regard to prior uses and prior patents" on incandescent lamps. Fate, however, played a prominent role in the company's search.

In 1889, while Curtis' search was in progress, Charles E. Perkins, one of Flint's associates, formed the Perkins Electric Lamp Company of Hartford, Connecticut. The Edison Company immediately brought suit against Perkins, claiming that his method of constructing glass bulbs for incandescent lamps was an infringement on the Edison patent. Perkins appealed to Flint for aid, and Curtis was asked to be counsel to the Perkins Company.

Curtis realized that an expert on glass-blowing and vacuum tube construction was required for an adequate defense. After many inquiries he discovered that prior to 1870 a Dr. Isaac Adams had made Geissler tubes — i.e., sealed glass tubes, highly exhausted, with platinum conducting wires fused into and through the glass at opposite ends, used to show the effect of high tension electricity on gases. Unaware that he was unlocking a Pandora's Box of new revelations concerning the history of incandescent lamps, Curtis, in August, 1890, sent an associate, E. D. Robbins of Hartford, to visit Dr. Adams and learn what he had done in glass-blowing.

Mr. Robbins visited Adams and, while they were discussing the subject of Geissler tubes, Dr. Adams mentioned casually that he had made incandescent lamps,

Dr. Isaac Adams, Jr. — Bowdoin College yearbook, 1858.



with carbon conductors, similar to Edison's, in 1865. Robbins unfortunately missed the significance of this information, and it was not until September, 1890, that Curtis learned of this discovery. The Filament Patent Suit was drawing to a close and, fearful that it would be too late to use Adams' evidence, Curtis dropped everything and rushed to Adams' home in Annisquam, near Gloucester, Massachusetts. Here, in his comfortable home on "Adams Hill," Dr. Adams related the story of his early life and his amazing experiments with incandescent lamps in the 1860's.

DR. Adams was born in Boston on February 20, 1836, son of Isaac Adams, inventor of the Adams printing press. After attending several private schools he received his B.A. degree from Bowdoin College in 1858 and entered Harvard Medical School later the same year. He could not have entered Harvard at a more opportune time. Boylston Hall, containing a fully equipped chemistry laboratory, had just been constructed through the efforts of Josiah P. Cooke, Erving Professor of Chemistry and Mineralogy. Adams was fortunate enough to do his laboratory work directly under Cooke, and this association profoundly changed the course of his life. After receiving his M.D. degree Dr. Adams continued his medical studies in Paris, at the École de Medicine. Upon completing his studies there, Adams returned to Boston in 1864 to begin his medical practice. His personal notebooks from this period showed an increasing interest in chemistry, especially electrochemistry and electric lighting, and many sketches of incandescent lamps.

Dr. Adams' office and laboratory were at 763 Federal Street, South Boston (the site is now occupied by Boston's South Station) and here, from 1865 to 1868, he manufactured Geissler tubes which he sold principally in Boston to E. S. Ritchie & Company, instrument makers, located at 313 Washington Street. Adams also engaged in nickel-plating, working closely with the electrician Moses G. Farmer. (Farmer, also interested in electric lighting, illuminated his Salem home with two crude incandescent lamps in 1859.) As a physician and manufacturer of Geissler tubes, Adams, in 1865, was no doubt familiar with the experiments of Dumas in using Geissler tubes as surgical lamps. These were blown in the shape of two large bulbs (filled with carbon dioxide) united by slender tubes shaped into a coil. (A sketch of a Geissler surgical lamp appears in Figure 1.) When electric current passed through the tubes, the carbon dioxide acted as a high-resistance conductor, with the greatest resistance concentrated in the area of the coil. This produced a soft white light suitable for examining such body orifices as the nasal passage, throat, rectum and urethra.

We can reasonably assume that Adams considered obtaining a brighter light by combining, in a large Geissler tube, the coil structure of the surgical lamp with an extremely rarefied gas which would produce a very high resistance in the tube. It is obvious that he rejected this idea because a resistance of this magnitude, in a Geissler tube, makes passage of the current impossible, thereby destroying the light in the tube.

Because light from Geissler tubes of very high resistance was impossible, and since existing sources of electricity were unsuitable for high-resistance incandescent lamps, Adams apparently abandoned any idea of constructing incandescent lamps of this type. Unaware that he was bypassing the future key to a commercially practical lamp, he developed a low-resistance incandescent lamp by placing a relatively large strip of carbon in "a Geissler tube chamber, and by sealing into the glass platinum wires sufficiently large to carry the current required." (See drawing of this 1865 lamp in Figure 2.)

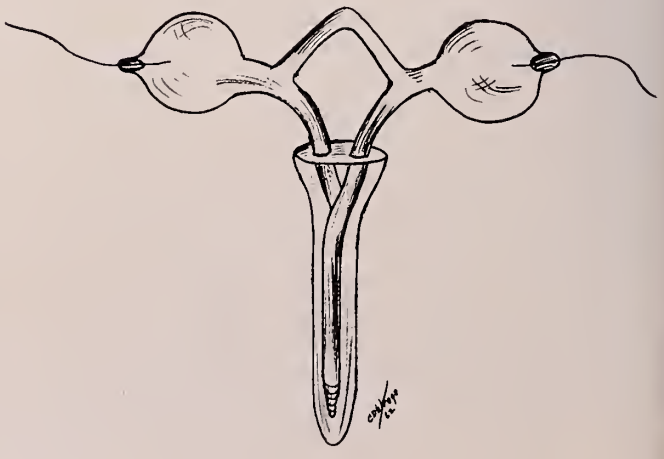
Although from 1865 to 1869, Dr. Adams apparently made a considerable number of lamps similar to the one shown in Figure 2, he also made one lamp having an upright carbon, as shown in Figure 3. This lamp, finished in June, 1869, had as a conductor a thin carbon strip which was about 1-1½ inches long, ⅛ of an inch wide, and from 1/100-1/200 of an inch thick. Because it considered this carbon strip analogous to a filament, the United States Company claimed this lamp an anticipation of the Edison lamp of 1879.

When asked by Curtis why he did not patent or publish data on these lamps, Adams stated:

> I did not apply for a patent on the lamp . . . [because] . . . It never occurred to me that there

Fig. 1

Geissler Tube "surgical lamp," 1865-1867



Dr. Wrege is an industrial historian and assistant professor of management at University College, Rutgers University. *His research on Dr. Adams, part of a larger study of management concepts in the electric lighting industry, was supported by a grant from the Research Council at Rutgers.*

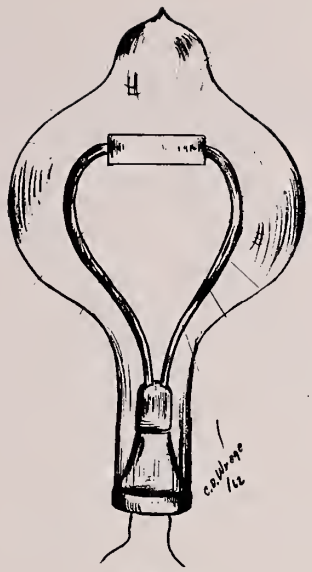


Fig. 2

Adams' 1865 incandescent lamp — from his affidavit of September 27, 1880.

> was anything patentable in making use of the Geissler tube construction of globe for the protection of the carbon burner of an incandescent lamp. This seemed to me a most obvious expedient for this purpose and one that would naturally occur to any person skilled in the art.

Curtis and Adams made a desperate search of the Adams house in hopes of finding some of the old lamps, but apparently none had survived. Dr. Adams provided Curtis with the names of several individuals who had witnessed the lamps in operation, both in his laboratory in Boston, and in New York City. He also prepared an affidavit, dated September 27, 1890, describing his early lamp experiments.

Elated by the conviction that he had sufficient evidence to show that Dr. Adams' lamps anticipated Edison's, Curtis sped back to New York. An intensive search was launched to locate the witnesses mentioned by Adams. By October 6, 1890, Curtis had contacted two of them: Dr. Adams' brother, Aquila Adams, of Sandwich, New Hampshire, and H. Julius Smith of Pompton, New Jersey. Adams telegraphed Curtis that he had located four old notebooks containing information on the lamps and several drawings of them. Curtis immediately served the Edison Company with a notice that the United States Company would ask the court to permit the introduction of this new evidence.

Panic swept the offices of Eaton & Lewis, lawyers for the Edison Company, and Eaton immediately informed Edison of this new development. In a letter, dated October 7, 1890, he wrote: "Dr. Adams . . . famous in nickel-plating . . . swears that in 1865 he made a lamp just like the Edison lamp we are now suing on." A second letter, dated October 10, 1890, told Edison that the court had allowed the United States Company to take the testimony of Adams and his two witnesses.

Actual testimony began on October 15, 1890. The Edison lawyers now received a second shock. Curtis had located another witness, Alonso C. Brackett of New York City, who not only testified that Adams had an incandescent lamp in 1873 but was able to produce this "lamp," stating that since that date it had been in the shop of the New York Nickel Plating Manufacturing Company (a licensee of the United Nickel Company, that used Adams' patents). A sketch of this lamp appears in Figure 4.

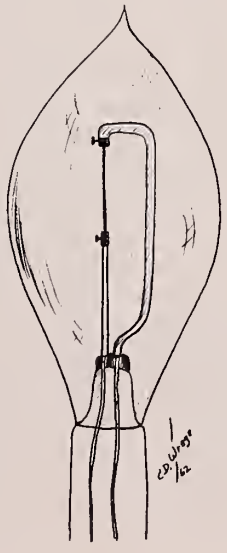
Early the next morning Eaton informed Edison of this surprise move, commenting, "They have introduced a lamp which Adams made eight years later, in 1873. It weighs several pounds . . ." The same day, October 16, 1890, Dr. Adams testified that the "lamp" introduced by Brackett was not a lamp at all but an apparatus, made by W. W. Graham & Company of Boston, to test the resistance of the strips of carbon used in his 1873 lamp. Adams said it was made "heavy so that the resistance of the metallic parts of the lamp could be neglected."

Although not mentioned in the Court testimony there is further evidence that Adams did have a "light" in New York in 1874. In a collection of Adams' letters is a most unusual letter originally written on March 17, 1874, from the office of the Star Line Texas Packets in New York City, indicating that Adams had some apparatus he called a "light" in that year. The letter remarks that T. W. Collins, son of the owner of the Collins Steamship Lines, "would be pleased to hear from you . . . on the subject of your light. . ."

Adams' testimony reveals him as a truthful man who did just what he said he did. In fact, it is very possibly because of this adherence to the truth that he has not been given proper credit, in previous histories of the incandescent electric lamp, for his contribution.

Fig. 3

Sketch of Adams' 1869 "Upright Carbon lamp finished June, 1869," from his notebook #3, page 2.



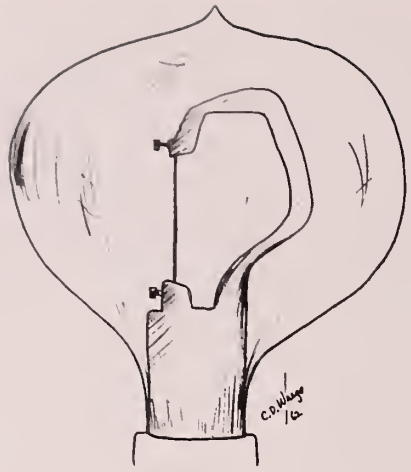


Fig. 4

Testing apparatus identified by Alonso Brackett as a "lamp" — from Adams' notebook #3. (Glass globe and carbon filament added by C. D. Wrege.)

When asked by one of the Edison lawyers why he had not tested his 1869 lamps for resistance, Adams replied:

> One reason was that the apparatus for testing resistances at that time was not the apparatus of today . . . [and] . . . there was no accurate means of measurement within my reach . . . That was one reason; another was that I was not interested in that direction. I was not proposing to get up a system of lighting — not at all. I was simply making a lamp, what I considered the best form of lamp, and the best material to use, and the best shape to put it in.

Dr. Adams could have exaggerated the importance of his lamp and claimed it to be part of an extensive lighting system, but he did not. Instead he indicated that while his lamps were suitable enough to be manufactured, "the trouble was in finding some source of electricity by which the lamp could be run economically . . . [and] . . . the lack of a proper source of electricity was a complete block to any method whatever of commercial lighting . . ."

Since from 1865 to 1869 Adams was earning his daily bread by manufacturing Geissler tubes and by nickel-plating, he had neither the time nor the money to develop a system of incandescent lighting, even had he wanted to. Moreover, after the United Nickel Company had been formed in 1869 to exploit his nickel-plating patents, Adams spent most of the next nineteen years defending his patents in hundreds of suits and had very little time for his incandescent lamps.

In 1891, long after Dr. Adams had testified, the final arguments in the Filament Patent Suit were heard. The United States Company argued that the Edison lamp was nothing more than a modified Geissler tube, with a high vacuum, a carbon conductor and platinum leading-in wires — all features of Dr. Adams' lamps. In addition, they argued that the Edison patent did not contain any suggestion of methods for making the bulb of glass or for sealing the platinum wires into the glass. They maintained that Dr. Adams, however, did perfect such methods, and therefore his lamps anticipated those of Mr. Edison's.

The Edison Company presented two important points which were later accepted by the Court: (1) that the Adams invention should be "relegated to the domain of lost arts or abandoned experiments" because he did not patent or publish his findings and ceased work on the lamps after 1873; and, (2) since his lamps were of low resistance, all Adams attempted to do was to "seal into glass, wires big enough to carry the current to the old rod burners. He attempted to adapt the Geissler tube to the principle of the old lamp."

Edison's contribution to the history of the incandescent lamps was the invention in 1879 of the first *practical* incandescent lamp. It contained a high-resistance filament, and the Court decided that "but for this discovery, electric lighting would never have become a fact." In the same year he also designed the first complete electric lighting and distribution system where "electricity properly controlled and directed could be distributed over large areas through the streets of a city and supplied to houses in which it would feed incandescent electric lamps."

Dr. Adams, in 1865, constructed an incandescent lamp similar to Edison's which consisted of a Geissler tube of suitable shape, exhausted to a high vacuum, and with leading-in wires of platinum. The lamp, however, utilized a low-resistance conductor because, in 1865, the only dynamos available were of very low resistance, and dynamos capable of providing economical high-voltage current were unknown. Adams, faced with this situation, did not try to develop a lighting system but attempted:

> to make the old low resistance, large radiating surface lamps practical, by providing them with the Geissler tube construction of chamber, and by making it possible to seal the large platinum wires required by means of a peculiar glass composition.

For this he certainly deserves a place in history.

+ + +

Note: This article touches only on Dr. Adams' work in nickel-plating as it relates to his experiments in incandescent lamps. A complete history of his nickel-plating contributions is currently being prepared by Dr. George Dubpernell of the Metal and Thermite Corporation of Detroit.

The three letters quoted by Dr. Wrege — written to Edison by S. B. Eaton of Eaton & Lewis, lawyers for the Edison Company, and dated October 7, 10, and 16, 1890, respectively, are filed in the archives of the Edison National Historic Site, West Orange, New Jersey, under "Lamps and Filaments," 1890.

Editorial

A COUNCIL THAT COUNSELS

Put together a college president from Massachusetts; a plastic surgeon; a man occupied with educational testing methods; a medical professor from San Francisco; a pharmaceutical expert from New Jersey; a neurosurgeon from North Carolina; an editor from Chicago; a neurologist from Los Angeles; a cardiologist from Newton; a gynecologist from Boston; a pediatrician from Yale; and a dean from Hanover, New Hampshire — and what do you have? A potpourri of unrelated types perhaps, but certainly not a group of men dedicated to the same purposeful end. A polyglot group of Democrats, perhaps, or even Republicans, but surely not a body of men representative of anything in particular — and certainly not members of the Harvard Medical Alumni Council that met on December 10, 1962, in the faculty room.

And yet these are the ingredients of our Alumni Council. What is a *council* of alumni? From the Latin we have *concilium* — it stems from *cum* (together) and *calare* (to call) — a convocation, assembly or meeting, specifically, like synod (Greek συνοδος), an assembly of ecclesiastics called together to discuss and decide on disputed questions of doctrine, discipline and (sometimes) relations with secular authority. The meaning of the word has varied by reason of the confusion between *concilium* and *consilium* (counsel). And, the distaff side reminds us, there are councils of alumnae as well as those of alumni.

Not by any reasonable stretch of the imagination is Harvard's Alumni Council an ecclesiastical body — though devout in its devotion to the school. Nor is the Council ecumenical, for its decisions hardly "gain universal acceptance." Rather, it perpetuates the semantic confusion by being, in essence, a source of counsel for the Medical School. But there is nothing particularly legal about it. It makes no laws, and no lawyers are included in its ranks.

Meetings three times a year — in the fall, the winter, and the spring — the Council brings together an elected body of graduates from various points of the country for a day of discussion. The Council represents the alumni body (though only 36% of the alumni bother to vote) — serves as its sounding board, and through it ideas from the alumni find ready access to those more intimately connected with the day-to-day running of the School.

The Council meets for breakfast early on the appointed day. Problems related to the school and to its alumni are discussed for three hours. The Dean then meets with the Council and brings it up to date with the School, baring its problems and pointing out where the alumni can help the School in overcoming these particular problems.

In the afternoon the Council explores the School and sits in on symposia prepared by faculty members in the basic science departments or clinical areas.

The "delicate balance of power" that exists between the alumni body of an institution and that institution's current faculty leaders sets the stage for the characterization of that institution. Where the alumni are all-powerful and the faculty without significant responsibility, one may well have a splendid football team, but a weak supporting educational structure can result. The alumni body, enthusiastic to a fault, may not be "au courant" with the educational trends that advancements in knowledge require an institution to maintain. Too much alumni can be bad! But too much control of an institution from within by its faculty leaders can equally easily lead to an unbalanced situation; and a school without an enthusiastic alumni loses its most vital source of strength and stimulation.

At Harvard one senses the happy balance that exists today. The Alumni Council acts as an active bridge of communication between the graduates and their School — and between the School and its graduates. A healthy exchange of ideas results, and the alumni at once become concerned with their school. What could be better for Harvard than that its graduates, now teachers at other schools, should bring back to their Alma Mater new concepts of medical education for investigation and possible trial.

The Alumni Council is (and can be more so) the two-way avenue along which such ideas should flow.

J.R.B.

"UNDER THE MOUNTAIN WALL"

by Samuel Putnam '64

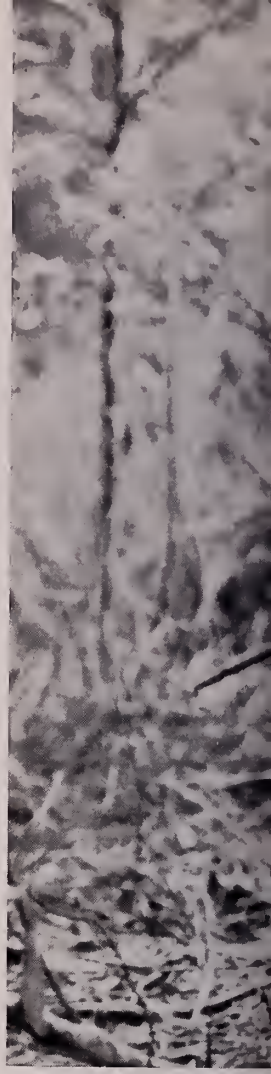
There are few places on earth where a society is free of the industrial world. The Baliem Valley in the highlands of Netherlands New Guinea is one of these. The natives are sufficient unto themselves; raising pigs and sweet potatoes forms the basis of their economy; making war is central to their political and social value systems. To a visitor, the outward simplicity of their lives is reflected in the homeward journey of a mother and her children, driving pigs back from the fields to their village under the mountain wall.

In the spring of 1961, an expedition, organized and led by Robert Gardner,* director of the Film Study Center at the Peabody Museum of Harvard, flew into a section of the Baliem Valley controlled by the powerful chief, Kurelu. The purpose of the expedition was to record the rituals, wars, feasts, and celebrations of a small Stone Age tribe before the inevitable process of "civilization" undermined its society. The team included Karl Heider[1] from the Peabody Museum and anthropologist Jan Broekhuyse from the Dutch Bureau of Native Affairs; Peter Matthiessen, writer and natural historian, whose account of the life of the Kurelu has been published by Viking Press as *Under the Mountain Wall;* Samuel Putnam, HMS III; and the late Michael Rockefeller, who took many of the photographs shown on the following pages. Eliot Elisofon[2] from *Life* Magazine joined the expedition for a month to take still pictures.

This article glimpses the daily life of these Dani-speaking people, focusing more particularly on the children, their faces, their earnest yet carefree games, and domestic responsibilities.

*Mr. Gardner's feature documentary of the expedition, *Dead Birds,* will be released shortly.
[1] Graduate student in anthropology at Harvard.
[2] Research fellow at the Peabody Museum.

Tukum



Lokopma

The sun has barely risen above the mountain wall when a village begins to awaken. Women leave their conical houses, cross the open space in the village and carefully wipe their feet before entering the long cooking sheds where they gather to talk and feed their children. As smoke from the cooking fires seeps through the thatched roof to spread over the village, children emerge from the houses. Shivering in the misty, early morning cold, arms tightly clasping their bare shoulders, they come to squat before the fires and wait for cooked potatoes. After the meal they run to the pig shed; the pigs are housed in individual stalls from which the children release them each morning and drive them out of the village to the fields. Each pig has its own role to play in village economy; tending them as they root in the fallow gardens is the children's primary responsibility.

During the day the valley echoes with the sounds of children, playing as they tend their charges. Tukum, an awkward young swineherd, has organized a game of siko-ko, or kill-the-hoop, among the smaller children. He calls excitedly to a friend who rolls his hoop down a long flat runway as Tukum waits tensely to spear it. He almost always misses, but his peers slowly develop the deadly accuracy they will need in the tribe's constant war with their enemies.

Lokopma is still too young to be a warrior. A quiet, sensitive child, he often retreats to a little shelter he has built himself on the side of a hill. From there, singing softly to himself, he can look down at his pigs, rolling in a ditch.

Wereké usually helps her mother in the field. The women work all day, weeding and digging in the potato hills. Sweet potatoes, over 50 varieties of them, are the staple crop and major source of food. At the end of the working day, the women wash the potatoes they have gathered for the evening meal and load them into the net bags they sling from their heads: sometimes small pigs are carried in these nets, or even a young child.

In the evening U-Mue (left) sometimes joins his family in the cooking shed while one of his wives prepares the evening sweet potatoes. Dani men rarely show affection for their families openly, but U-Mue is particularly fond of his five-month-old daughter. As darkness comes the families retire to their own huts which are warmer and offer protection from the world of darkness.

During the day, the children play happily in the relative safety of the village fields; at night, in the shelter of the hut, they are safe from ghosts and supernatural forces. But the fear of death is constant among these tribes, for there is no end to the cycle of revenge. A child may not be old enough to fight in the ritual battles, but he has long been aware of the significance of war.

TWILLINGATE REVISITED

By Miles Novy '63

Each summer since 1949, two groups of HMS IV's have traded the relatively languid summer heat of Boston for a chance to practice medicine in Newfoundland — the land of squid and cod. Aside from giving HMS students, satiated with the book learning of the second and third years, an opportunity to test their knowledge and acquire new skills "in the field," the Notre Dame Bay Memorial Hospital on the Island of Twillingate has provided many of the "alumni" of its program with what is often their first — and last — exposure to general practice. In this paper, the author brings the *Bulletin* readers up to date on the Twillingate program.

DESCENDENTS of the first "livyers" ("live heres") who came from the coast of Devonshire in the 18th Century, the people of Twillingate are primarily cod fishermen, although lobster and seal fishing provide additional seasonal income. They live in low-ceilinged wooden houses without electricity and flanked by the eternal privy. Travel between the small neighboring islands is by boat; a dirt road connects the coves of Twillingate itself. During the long winter months when the ocean is iced in the islanders haul wood for fuel and prepare rigging and nets for the next spring, the majority collecting unemployment insurance or social assistance.

Because so little of the land is arable, crops consist mainly of potatoes, turnips, and sometimes cabbage, in small garden plots heavily fertilized by fish meal or capelin (a small fish similar to smelt which abounds in these waters). While it is possible to import fresh meat and greens from the mainland at higher prices, the demand is not great. Most of the islanders adhere strictly to the traditional diet of fish, salt pork, potatoes, and cabbage, prepared as a one-pot meal called boiled dinner, from which much of the food value has been lost by overcooking and discarding the pot liquor. Consequently, we encountered a wide variety of nutritional disorders, including scurvy, rickets, and nutritional anemias. Illnesses related to poor hygiene are also prevalent, and it is not uncommon to see adolescents who have had full mouth extraction for carious and abscessed teeth. The Hospital provides prenatal and neonatal clinics, but

The author received his A.B. Degree, **magna cum laude,** *in 1959 from Yale University, where he pursued an interest in anthropology and psychology. Upon graduation from Harvard Medical School he intends to take a surgical internship.*

these are often neglected, and anemias, toxemias, and neonatal health problems are frequent.

For many years the people of Twillingate and the surrounding districts who had need of hospital care were obliged to travel to St. Anthony's in the north or to St. John's in the south. The journey was long and difficult — by steamer in the summer and by dog-team or horse-sleigh and rail in the winter — and many patients were made worse or died on the way.

Aided by Dr. Wilfred Grenfell and funds from the Grenfell Mission, the Notre Dame Bay Memorial Hospital was officially opened in 1924, with Dr. Parsons, formerly in charge of Battle Harbor Hospital, as its first medical director. It serves not only the 400 people on Twillingate but approximately 5,000 people on nearby New World Island and another 20,000 or so within a radius of 30 miles in the Notre Dame Bay. In the past the Hospital has relied heavily for its staff upon interns, residents, nurses, and medical students from the United States and Great Britain.

In 1930, while Dr. Parsons was still medical director, an idealistic fourth-year medical student from Johns Hopkins came to Twillingate for a summer clerkship. Gold Medalist as first in his class and seemingly destined for a career in academic medicine, John Olds surprised everyone by returning to Twillingate in 1932 after a year of internship. Obviously fascinated and challenged, he remained and was made medical director in 1934.

Thanks to Dr. Parson's tutelage, his own keen mind and native ingenuity, Dr. Olds became a remarkable self-taught surgeon. Today he is a legendary hero in northern Newfoundland — second only to Sir Wilfred Grenfell. A gifted intellect and eclectic, his varied interests include the construction of a machine for harnessing wave motion for electricity, design of surgical instruments, and the probing of the mystery of capelin reproduction. During World War II he ran the Twillingate Hospital almost single-handed, with two regular nurses.

The most substantial building on the Island, Notre Dame Bay Memorial Hospital is provided by the government with the latest drugs and much modern equipment for diagnosis and treatment. There are limitations, of course, and many laboratory tests, routine in Boston, cannot be performed. In the absence of "serum rhubarb" one must perforce sharpen his clinical diagnostic acumen.

As our group of four came to know the Hospital (now directed by Dr. Alex Smith), we divided the duties among ourselves. Each of us rotated for a week at a time on the male, female, and pediatric wards, OPD, and in the operating room. Our wives, too, became active in many hospital activities, distributing oral Sabin vaccine to children in out-lying areas, serving as "nurses" on many of our house calls, assisting on the pediatric wards and in several deliveries.

Our first experiences in the OPD were most enlightening. Invariably, it seems, the new HMS IV approaches his first patient with, "What seems to be the trouble?" And more often than not the rejoinder is, "That's your job, doctor." One learns to use the local idiom and asks, "What do you find?"

In a curious blend of cockney, Irish brogue, and Scottish burr, the patient answers, "I find me 'ead some wonderful, m' dear."

You ask how long the patient has had a headache, and she tells you, "I don't find it now; mostly I finds it when it takes me."

"Is your appetite good?"

"No, I only eats a little and not much o' that."

"Do you vomit?"

"No, it comes up by itself as the liver gets hold of it and throws it back."

Slowly but surely the story unfolds until the patient offers her main reason for coming: "I think I am bred three months."

It is the student's prerogative to take any house calls that might come in from a neighboring island while he is on duty with one of the staff doctors. Most often the call is sent by radio-telephone or brought verbally

The author and his chauffeur set out on a house call.

The Notre Dame Bay Memorial Hospital, opened 1924.

by a messenger or relative who is waiting at the dock with a motor skiff to take the doctor to the patient. The preparations one makes, and the alacrity with which one responds to the call depend upon the nature of the complaint. Unfortunately this is often difficult to determine, as the description frequently sounds something like, "had a queer turn this morning," which could mean anything from a minor complaint to a coronary. Diagnosis depends much upon the patient's age and a quick perusal of previous history on file at the OPD.

Prepared for the trip but anxious, one of us would leave with our escort, having carefully repacked the medical bags, familiarized ourself with the drugs and dosages, and made sure the Merck Manual was included.

House calls on Twillingate Island itself are made in the hospital VW bus, and consultation is readily available. On calls to other islands, however, we were completely on our own, and we had to make the decision to bring the patient to the hospital or to treat him at home. Calls often involved several hours on stormy seas and would be made unnecessarily for hypochondriasis or a recovering cold. More frequently, however, our patients were legitimately ill, and we saw patients toxic with erysipelas, with acute pulmonary edema, acute urinary obstruction, patients in shock, one with a septicemia, and many for whom we could do nothing but comfort the relatives.

We often first-assisted in the operating room, and with experience came an appendix or two, uncomplicated deliveries, and other minor surgical procedures. We sewed lacerations, extracted teeth, incised and drained abscesses, and removed ingrown toenails. When Bud Young went on vacation, we took the x-rays, operated the pharmacy, did the EKG's and the BMR's, gaining increased respect for this man who did the lot with single-handed efficiency.

One of Dr. Olds' contributions to the Island people was his establishment in the early thirties of a pre-paid medical care plan for the Twillingate area. For a minimal annual fee the patient was entitled to outpatient and inpatient care on the ward level, as well as drugs and dressings, although house calls, deliveries, surgery, and laboratory services were not included at that time.

The "Twillingate Plan" was a forerunner of the present Cottage Hospital Plan, the first government-sponsored pre-paid medical care program in North America. Modeled after the Highlands and Islands Plan of Scotland, it provided for the construction of small cottage hospitals in sparsely populated areas, to be staffed by salaried physicians. There are now 18 such hospitals, with capacities of 10-100 beds, and all but one now have x-ray and laboratory facilities.

For an annual premium or "contract" ranging from $10 to $24 per family, this plan now offers domiciliary and outpatient care as well as ward hospitalization to almost half the Province's population. Additional charges are made for maternity care ($10-$20 delivery fee) dental extractions ($0.50-$1 per extraction), with outpatient drugs and appliances provided at cost. Included among the benefits of the Cottage Hospital Plan is the right of referral to larger hospitals and specialists, but only under the provision that the patient has been examined and referred by his local doctor or nurse. Patients are transported by steamer or rail, but in cases of emergency and extreme disability they are flown by air ambulances. This plan is not self-supporting and must be heavily subsidized by general taxation and a 5% sales tax. Nevertheless, many small hospitals are able to provide 30% or more of their operating costs through the subscriptions.

In addition to the Cottage Hospital Plan, the Children's Health Plan (similar to our own Crippled Children's Service) provides free hospital treatment and outpatient diagnostic services to children in all parts of Newfoundland. Physicians and surgeons receive 80% of the current scale of fees set by the Canadian Medical Association. Pediatricians particularly welcomed this plan, and as one told us, "Now we are assured of collecting

Twillingate fishermen.

The ubiquitous capelin.

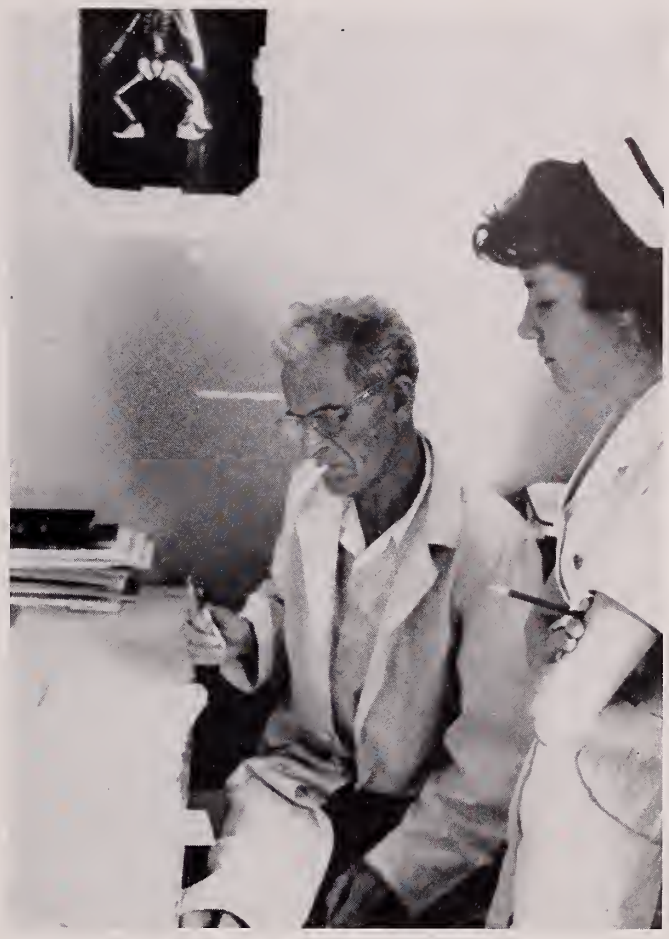
at least 80% of our fees from all our patients instead of 100% from a few of our patients."

In 1958 Newfoundland extended its comprehensive medical care program by the establishment of the Federal-Provincial Hospitalization Insurance Program. In effect, this plan extended *free* hospitalization (formerly provided only to children and subscribers of the Cottage Hospital Plan) to *all* residents of Newfoundland.

Criticism of government intervention in medicine is heard infrequently in Newfoundland, largely because of the prevailing spirit of trust and cooperation shared by the Newfoundland Division of the CMA and the Provincial Government. Criticism is usually directed against the often uneconomical and inefficient Cottage Hospital system which tends to discourage private practice within its districts. Non-pediatrician specialists receive only a negligible honorarium for treatment of referred Cottage Hospital patients. It must be conceded, however, that the original objective of the Plan, that of bringing hospital care to the people in isolated areas, was a worthy one and could probably not have been accomplished otherwise.

The student at Twillingate has the unique opportunity of observing a pre-paid medical care plan in day-to-day practice. Patients are admitted to hospitals when treatment on an ambulatory basis would be possible; unnecessary diagnostic and therapeutic procedures are carried out to avoid complaints to the Health Department. It is true that many patients begin to feel that their $13 contract with the Hospital entitles them to house calls at all hours of the day and night for even the smallest complaint — to regard medical care as a right and not a privilege when in fact it is both. Not only do patients tend to take their doctors for granted, but what is perhaps even worse, physicians begin to take their patients for granted. As a result the doctor loses the patient's respect, and often the patient loses the doctor's concern.

Processing the catch.



Dr. John Olds, Medical Director of the hospital since 1934.

The faults of the Cottage Hospital Plan point out the dangers of rushing headlong into government medicine in regions where there is not real need. In Twillingate, however, the need is critical and clear-cut; and though inefficient and costly, the Plan is saving lives.

The flavor of Twillingate remains and is, indeed, enhanced by improvements in medical care and transportation. Within the next year a causeway over Boyd's Cove, Chapel Island and Summerford will connect New World Island with the mainland. Unfortunately, however, expansion of the area served by the Cottage Hospital Plan, construction of new roads, and increased maintenance costs have caused the demise of the "Bonnie

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Note: *Largely responsible for securing for Harvard Medical students the exclusive opportunity of serving at the Notre Dame Bay Memorial Hospital, is Dr. Edward S. Murray, who was in Twillingate in 1949. Now the faculty advisor for the program, Dr. Murray is associate professor of microbiology at the Harvard School of Public Health and assistant physician to the University Health Service.*

Iceberg off the Twillingate coast.

Nell" — Notre Dame Bay's hospital boat. In her place the Hospital charters the "Jessie Cull" for clinic visits to neighboring islands.

Added to, and inseparable from, the purely medical aspects of our summer's experience was the enjoyment of meeting the people. Unforgettable afternoons were spent with fishermen, pulling traps and setting lobster pots, jigging for cod and squid, and netting capelin. Nor will we forget "tea" with newly made friends and listening to folk-songs or stories of the seal hunts.

Twillingate "Alumni"

H.M.S. '50	Ross, Merrill H.*
	Sachs, Marvin L.
	Shea, Cyril E., Jr.
H.M.S. '51	Foster, Gerald S.†
	Hiebert, Clement A.†
	Nevis, Arnold H.
H.M.S. '52	Anderson, Albert B.†
	Giannelli, Stanly, Jr.
	Pittman, James A., Jr.
	Rasmussen, Howard
	Shillito, John, Jr.†
	Wilber, Joseph A.
H.M.S. '53	Coley, Geoffrey M.
	Farrell, John F.
	Medearis, Donald N., Jr.
	Miller, David
	Rothberg, Harvey
	Simon, Harold J.
H.M.S. '54	Borg, Kenneth D.*
	Holyoke, Edward D.
	Judd, A. Bradford
	Martin, Donald B.
	Smith, Brainard S.*
	Upjohn, Harold L.
H.M.S. '55	Becker, David J.
	Muller, H. Arnold, Jr.
	Parshall, William A.
	Whitehill, Walden B.
H.M.S. '56	Branch, Benjamin N.
	Barbarisi, Charles F.
	Cockson, Dave
	Hansen, Marc F.
	Pahnke, Walter N.
	Smith, Gardner W.
H.M.S. '57	Adams, Thomas W.†
	Cox, William H.
	Tannenbaum, Charles S.
	von Hippel, Arndt R.†
H.M.S. '58	Edwards, John R.
	Kisch, Arnold I.
	Porvaznik, John T., Jr.
H.M.S. '59	Colberg, James E.
	Ryan, Kevin G.
	Wegner, Karl H.
	Welland, Frederick H.
H.M.S. '60	Chacko, John C.
	Norden, Carl W.
	Rull, Frank
	Shirley, Robert L.
	Valentine, Fred T.
	Watts, Hugh G.
H.M.S. '61	Covey, Thomas H., Jr.
	Davidson, Mayer B.
	Hyslop, Newton E., Jr.
	Springer, Wilbur
	Vernon, James
	Yerkes, Raymond
H.M.S. '62	Deane, Frederick R. McR.
	Greenwell, Jack B., Jr.
	Minock, Catherine M.
	Moore, William
	Neelon, Francis A.
H.M.S. '63	Bickel, Rudolf
	Dvorak, Harold
	Henderson, Ralph
	Lockshin, Michael
	Novy, Miles
	Richardson, John R.
H.D.S. '56	Oaks, J. Howard
'61	Gove, Donald
'62	Harring, Cedric F., Jr.
	Norton, Louis A.

*deceased
†teaching staff

Mayor and Mrs. Collins and their retinue arrive in Frankfurt. *See page 40.*

JUMELAGE

The Boston City Hospital "Twins" with L'Hôpital Civil de Strasbourg

by Charles S. Davidson, M.D.

Strasbourg Cathedral, by Charles Wittmer

Strasbourg Cathedral had its beginnings in the 4th Century as a modest church of wood and clay. Repeatedly sacked and burned — even struck by lightning — its present foundations were laid in 1015.

CHAMPAGNE and orange juice may not be the usual breakfast on a medical trip, but *medicine* was the first purpose of this sojourn in Strasbourg. This sparkling, tasty, and nutritious repast took place in the salon of the handsome, modern Frankfurt airport last April. Present were His Honor, the Mayor, and Mrs. John F. Collins of Boston with a retinue of distinguished ladies and gentlemen from that city. Frankfurt was also represented by the "Vice" Bürgermeister (the Bürgermeister being on a trip), city officials, and the president of Lüfthansa Airlines from one of whose jets the Boston group had just disembarked.

Strasbourg was our destination; that city and Boston recently became "sister cities." This was the first official visit by Boston's mayor to Mayor Pflimlin of Strasbourg, and it sealed the *jumelage*.

Jumelage, or "twinning" (of cities), is a part of the People-to-People Program founded by President Eisenhower in 1956 that called for a "massive program of communication between Americans and the people of other lands . . . to build better understanding." Various cities in various countries have been "twinned" by the Committee for the Program. Implementation of this worthy ideal is being accomplished by exchanges of ideas and by visits between the twinned cities by individuals and delegations of many kinds. Boston has had a particular role in this program through one of her distinguished citizens, Mr. Mark Bortman, chairman of the Program's Civic Committee. He had done much to accomplish the twinning of Boston and Strasbourg and was with us on this visit.

We went on to Strasbourg — a three hours' drive — with an hour's stop at famous Heidelberg. That evening our welcome was accompanied by an elegant repast and cordial speeches. Next morning a formal reception was given by Mayor Pflimlin and other city notables at the elegant 18th Century Hôtel de Ville.

L'Hôpital Civil de Strasbourg was founded in the year 637, so legend goes, when Attich, Duke of Alsace, founded a chapel with a *hospice* dedicated to Saint Erard, in memory of that Saint's visit when the daughter of the Duke was baptized. Despite fire and war the hospital has survived and grown.

The famous University of Strasbourg, founded in 1621, included a faculty of medicine which for a long time was less important than the other faculties — particularly those of philosophy, theology, and law. Almost continuously since the Reformation, the University has had two faculties of theology — one Catholic and the other Protestant. (There was a notable exception after the French Revolution when the famous cathedral became, for a short time, a Temple of Reason.) Teaching of medicine was largely theoretical, and a professor had little to do with the hospital or with teaching there. Practical therapeutics, in fact, were left to the barber-surgeons. Gradually, however, medical teaching improved, and the University became particularly famous in anatomy. A document from 1517 indicates that the bodies of executed criminals were used for dissection.

Under Napoleon, in 1808, it became evident that teaching and patient care were mutually beneficial, and the faculty of medicine and the Strasbourg City Hospital (S.C.H.) came into close alliance. This was just 56 years before the Boston City Hospital-Harvard affiliation. From 1681 to 1870 Strasbourg (and all Alsace) was French, and in this period Pasteur was professor of pharmacy. From the Franco-Prussian War in 1872 until 1918, Germany held the city and continued to build the University and strengthen the faculty of medicine. Von Recklinghausen and Hoppe-Seyler were professors during this time. After Versailles, Alsace again became French, and the faculty could boast of such names as Bouin, Borrel, Leriche, Masson, Barré, and Ambard.

The hospital and faculty of medicine are now world-famous and have many distinguished staff physicians and surgeons such as Professor J. Stahl, known for his work relating defects in ammonia metabolism to hepatic coma. The hospital has become one of the wealthiest in Europe, having more than 80 acres of land in the city and better than 12,000 acres of farm and forest land. In contrast to Harvard, the buildings of the faculty of medicine are on the hospital grounds.

A particular pleasure for me was my visit with Mrs. Collins to S.C.H. Most of the buildings of the hospital and the faculty of medicine have been built since 1718, though there are a few structures remaining from the Middle Ages. Mrs. Collins, who has a deep interest in Boston's city hospital and is especially active in the support of our volunteer organization, visited some of the wards with me and talked particularly with those in charge of patient care.

Strasbourg's "sister hospital," the Boston City Hospital, was founded almost 100 years ago — in 1864. Harvard Medical School faculty members were instrumental in founding the hospital and formed the nucleus of its first physicians and surgeons. From the hospital's opening day Harvard Medical School teachers and students have cared for patients on its wards in a long and mutually beneficial association. Among the first students to work there was George W. Gay, in whose name Harvard's annual Gay Memorial Lecture upon Medical Ethics was founded. The first house officers were Harvard students recruited during the Civil War. Their work and subsequent lives have been well described by Dr. Henry Viets '16. Many of America's most distinguished men in medicine have had part of their training under Harvard's professors at the B.C.H. The direction of the B.C.H.-Harvard affiliation in medicine has been under such leaders as Francis Peabody, George Minot, and William Castle. This association of patient care and teaching now includes Boston's other two medical schools, Boston University and Tufts, forming an effective "troika." Over the past 98 years the B.C.H. has contributed much to medicine and is well-known for its pioneering in radiology, research in pathology, and for its clinical investigation.

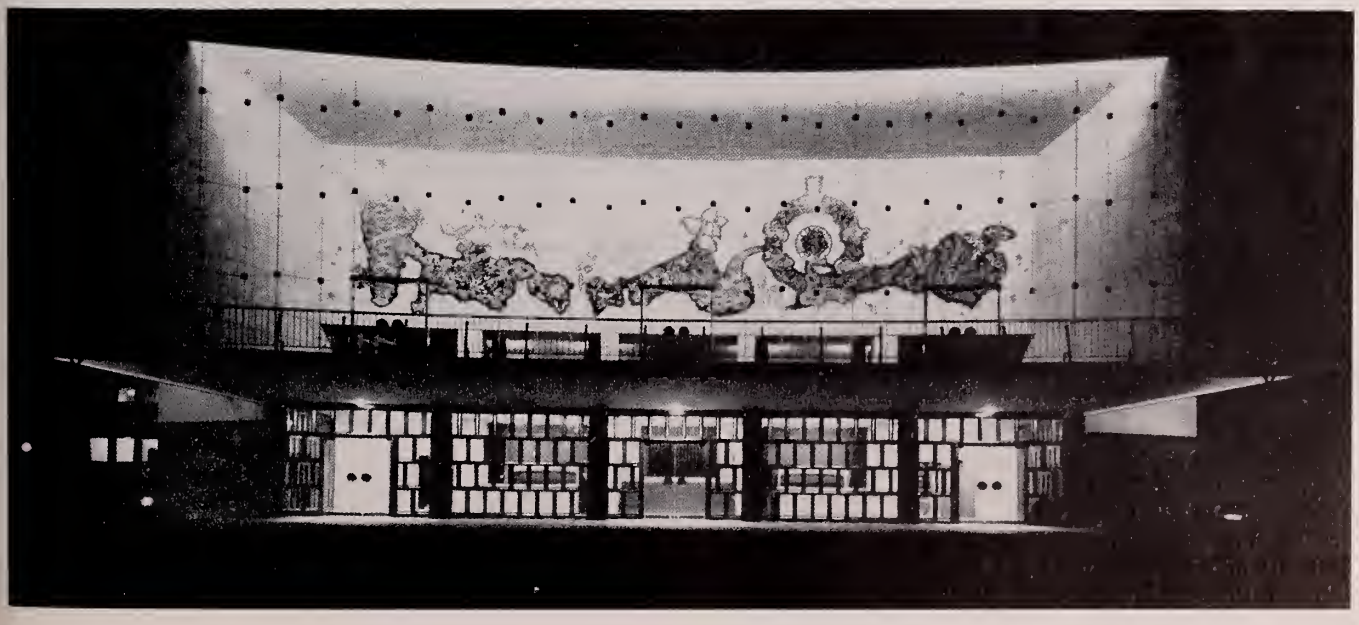
Citizens of both Strasbourg and Boston are fortunate in their long heritage that links patient care and teaching. Through this affiliation patients receive the best that modern medicine can provide. "Teaching" or "charity" patients are becoming fewer in both France and the United States, as a result of the rising standard of living and prepayment for medical care. Medical faculties are adapting to such changes in "clientele," however, and hospitals in both countries are improving their physical plants. I saw building and modernization going on in Strasbourg, as it is in Boston. This new spirit can be felt at the B.C.H., where from the mayor down, there is determination to make the much-needed changes.

Our visit to Strasbourg came to an end. It had been a pleasant week. We had talked at length with Strasbourg's leaders; we had visited her hospital and medical school; we had seen the museum, the cathedral, and the Rhine; we had dined on pâté de fois gras and drunk superb Alsatian wines. The final evening began with a magnificent symphony concert (Strasbourg is the native city of Charles Munch) in the new and artistically fascinating Maison de la Radio de Strasbourg. The evening ended with a farewell reception given by our gracious Consul General, Constance R. Harvey.

We hope that Boston will soon be favored with a visit by a Strasbourg delegation. The B.C.H. and its three medical schools will certainly provide a warm welcome for their sister hospital and medical faculty. Baked beans and "Ballentines" must substitute for pâté and vin d'Alsace, but, nevertheless, a gracious Boston welcome awaits our guests.

Dr. Davidson, associate professor of medicine and associate director, second and fourth (Harvard) Medical Services at the Boston City Hospital, represented the Medical School and BCH during the Jumelage.

The concert hall of La Maison de la Radio de Strasbourg, which can accommodate an orchestra and choir of 200 members and seat an audience of 500.



L. Lahut Uzman

1923 — 1962

"The human brain is unique. With it you smile, think or know God. These are things an animal cannot do. It is the higher functions of the brain for which there is no experimental substitute in animals. This is the grand distinction of all neurology".

L. Lahut Uzman

On the bright, clear day of November 9, 1962, two days after his death, the ashes of Lutfu Lahut Uzman were, at his request, scattered in international waters. This unique man, one of five children of the late Dr. Mazhar Uzman, Ordinarius Professor of Neurology and Psychiatry at the University of Istanbul, was born on August 5, 1923. His father was one of the first Turkish physicians to study with the great neurologists of Europe.

Lahut made several continental tours during his early years, tours whose educational value was enhanced by his already keen interest in history and art. (He had "digested" the "big" Larousse before his first trip at age seven.) His early schooling led to completion of his B.S. at Istanbul by the age of 17, at which time he entered its medical school.

The disruption of the European centers of medicine by World War II, led the young scientist to look to America for training and for a place to work. In 1943, he started his *hegira* which led him to Cairo and across the war-torn Mediterranean and Atlantic by convoy in a Liberty ship to Boston. He was spared the task of washing his own clothes on this dreary voyage. The midshipmen gladly did those chores, in exchange for which he solved all their problems in celestial navigation. He appeared in person at Harvard Medical School and was promptly admitted to the Class of '46.

Those of us who had the privilege of knowing him well were immediately impressed by the enormous scope of his medical knowledge and his encyclopedic familiarity with neurologic literature. Unusual in this age and equally impressive were his courtly manners of the "Grand Seigneur" which earned for him the affectionate nickname "The Baron." His dignity was modified by his warmth and wit; his pride by an exquisite sensitivity which made patent his humanity, his kindness, and keen artistic talent. How many remember the cadenzas of his violin playing in Vanderbilt Hall? Their spirit offset any slight imperfection in technique. (He often quoted his father, "a gentleman should not play *too* well.") How many have seen his paintings and sculptures, remarkable for one untutored in these arts?

His command of languages was astonishing. He was equally at home in Turkish, English, German, or French and had some command of other modern languages. An article he wrote as a medical student which appeared in the *Istanbul Seririyati* was entitled "Constantinus Africanus-Magister Occidentis and Plagiarist Par Excellence" . . . a portrait of an early if not very original neurologist. All of the many sources in ancient and medieval Greek and Latin were personally translated by him. More impressive however, is the felicity of phrase and grace of the English in which it was written.

Samuel Butler once wrote "I do not think America is a good place in which to be a genius." Fortunately, Lahut Uzman ignored this viewpoint, and it was equally fortunate that he found in the environment of Harvard an outlet for his brilliant talents in neurology and chemistry.

After obtaining his M.D. in March, 1946, he interned in the Harvard Neurological Unit at the Boston City Hospital under Dr. D. Denny-Brown. It was there that he made his first contribution on Wilson's disease. He then worked with Dr. Jordi Folch-Pi in the Neurochemistry Department of McLean Hospital for two years, during the latter half of which he was a Research Fellow of the American College of Physicians. There, he isolated a birefringent liponucleoprotein from the brain and originated many fractionation procedures for brain lipoproteins. Between 1949 and 1953 he worked as Chief of the Chemical Pathology laboratories of the Children's Hospital Cancer Research Foundation, receiving his first Harvard appointment as instructor in pathology in 1950. During this period, he concentrated on the isolation of the polycerebrosides of Gaucher's Disease.

In 1953, he was inducted into the Medical Corps of the Army of the United States and was assigned to teach at the Army Medical Services Graduate School, Walter Reed Medical Center. His lectures on biochemistry as a civilian and later as a Captain at Walter Reed were enthusiastically received. No Army officer could sleep through ". . . while the cannons rumbled toward Austerlitz, two chemists searching in a small laboratory in France for a cheap source of sugar for Napoleon (the blockade was tightening around French shores) discovered the first amino acid asparagine."

He returned then to the Boston City Hospital where in 1955 he was appointed Associate in Neurology, Harvard Medical School, and Associate Visiting Physician for Neurology at the Boston City Hospital. In 1959 he became Assistant Professor of Neurology.

His later endeavors were directed at research aimed at correlating the chemical development of the nervous system with its structural maturation, as well as studies of the effects of metal ions, intermediary metabolites, and various key compounds on brain peptidase activity. In seven short years, this splendid burst of activity laid the groundwork for a new and promising approach to the problems of neurology, particularly those of congenital origin. It was most fitting therefore that he was appointed the first Bronson Crothers Professor of Neurology at the Harvard Medical School, and Neurologist-In-Chief at The Children's Hospital Medical Center in the summer of 1962.

While working at The Children's Hospital in the early 1950's he met his wife, the former Dr. Betty Geren. They were married in 1955. She still works for The Children's Cancer Research Foundation as a Harvard Research Associate engaged in investigative neuropathology. Her work on electron microscopic studies of the formation and structure of the myelin sheath has won for her a wide reputation. Her intellect and personality

subserved and complemented Lahut's and they shared a rich and full life. Their child, Betty Tuba, age six, was a source of endless delight to Lahut.

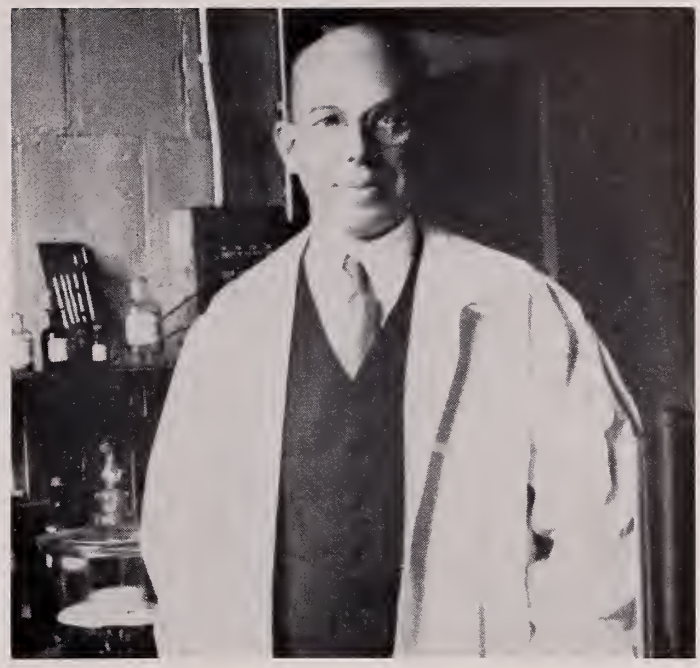
To the scientific audience who knew him as an articulate speaker, a very original thinker, and a painstaking investigator, his publications speak for themselves. To his students, he was the personification of a great teacher. But the side of Lahut Uzman who lived out of his time. Whatever the subject, he would display a meticulously thorough familiarity, whether it be the number of tufts of hair in the Yak tail standard of a Mongol Khan, the intricacies of Metternichian politics, or the detailed history of the early Church fathers.

His special passion was Napoleonana and none of his friends escaped a thorough grounding in the life of the Emperor. Most revealing of his affection for this man's memory was his personal tribute; while at the Children's Cancer Research Laboratory, he gave his technicians a holiday on Napoleon's birthday.

His great love for and fine sense of history was reflected in his membership in the Medieval Academy of America. He collected Byzantine coins with an avid passion for the history and romance surrounding each one and indeed suggested corrections of prevailing errors concerning either the coins, or historical events. These interests are also manifested in his paper entitled "The Tetarteron of Nicephorus II Phocas — Fact or Fiction?" which appeared in *The Numismatic Circular* (London). Intaglios always fascinated him. The first of his collection bought in the Istanbul bazaar came with him to America, and one of his collection, a very fine Graeco — Persian griffon is on display at the Boston Museum of Fine Arts. Incidentally, he served on the Visitor's Committee of the Classical Department of this distinguished museum.

How then should one remember Lahut Uzman? As a great physician-scientist and inspiring teacher? As a brilliant classical scholar and linguist? As a keen amateur musician, sculptor and painter? As a student of history and a numismatist? His close friends remember him as all of these, as a devoted husband and father, and most of all a warm, engaging, unusual human being with a wit to match his intelligence. He lived with great energy, enthusiasm and courage; and he died with great dignity.

MORTIMER E. BADER, '46



Paul Dudley Lamson
1884-1962

Paul Dudley Lamson, A.B. 1905, M.D. 1911, died at his summer home in North Haven on October 3, 1962. At the time of his death, Dr. Lamson was professor of pharmacology, *emeritus,* at Vanderbilt University.

After serving as a house officer at the Massachusetts General Hospital from 1909 to 1911, he was awarded a Sheldon Traveling Fellowship and spent two years in Europe, most of it at the University of London and the University of Würzburg. Upon his return to the United States he became assistant resident physician on Dr. Christian's service during the first year of operation of the Peter Bent Brigham Hospital. In 1914 he became an assistant in the department of pharmacology directed by Professor Abel at Johns Hopkins, where he remained — as assistant, associate, and associate professor — until 1925. From that year until 1952 he served as professor and head of the department of pharmacology at Vanderbilt, organizing a strong program of teaching and developing a group of original investigators in his department.

His own work covered a broad area. An early interest in acute polycythemia led him to study the liver as a blood-concentrating organ. He then became interested in the effects of anthelminthic agents. Later he embarked upon a systematic and productive study of the chemotherapy of helminth infestations, making major contributions in this field.

In 1921, when many people were interested in, and confused by, cardiac arrhythmias, Dr. Lamson wrote *The Heart Rhythms,* a book which cut through many extraneous matters and reached a simple classification of the ectopic rhythms known at that time.

Dr. Lamson is remembered not only for his contributions to teaching and research, but for his example of friendliness, gentleness, willingness to cooperate, and for his high standards — personal and scientific.

He is survived by Mrs. Lamson, the former Miss Alice Daland, and by two sons, Dudley and Elliot.

C. SIDNEY BURWELL '19

HONORS

On May 31, 1962, **Edward D. Churchill '20** was admitted to the Honorary Fellowship *(sodalis honorarius)* of the Royal College of University Surgeons of Denmark (*Collegium Regium Chirurgorum Universitatum Daniae*). Long associated with the Massachusetts General Hospital and Harvard Medical School, Dr. Churchill became John Homans Professor of Surgery, *emeritus*, as of July 1, 1962. His successor, both at the medical school and at the hospital, where he was Chief of the General Surgical Services, is Dr. Paul S. Russell.

Dr. Coons

Albert H. Coons '37 was recently honored with a $5000 award from the Gairdner Foundation which was incorporated in 1957 and seeks to encourage and reward individuals who have made contributions to the conquest of disease and the relief of human suffering. The Foundation focuses on advances made against arthritis, rheumatic, cardiovascular and related diseases and on discoveries in the basic sciences pertinent to these fields. One of five men to receive an award in 1962, Dr. Coons was selected because of his work with fluorescent antibodies which has contributed greatly to the rapid diagnosis of such diseases as mumps, influenza, polio, and rabies. He is currently visiting professor of bacteriology and immunology at Harvard Medical School and has been, since 1953, a lifetime investigator of the American Heart Association.

Dr. Dammin

Gustave J. Dammin, Elsie T. Friedman Professor of Pathology at the Harvard Medical School and pathologist-in-chief at the Peter Bent Brigham Hospital, was installed November 4, 1962, as the 18th president of The Society of Medical Consultants to the Armed Forces at the annual meeting of the Society at the Brooke Army Medical Center, San Antonio, Texas. Dr. Dammin is the third member of the Harvard Faculty of Medicine to be president. He served as vice-president in 1961-62.

On June 22, 1962, **Arthur L. Herbst '59** was awarded the 1962 Upjohn Award, given each year by the Endocrine Society for the best paper in "Endocrinology." The paper is part of the work that won the Borden Undergraduate Research Award in 1959. Dr. Herbst shares the $1250 prize with three colleagues by whom he was assisted in the project: Dr. F. Eugene Yates, Dr. David W. Glenister, and Dr. John Urquhart, III, '59. Dr. Herbst is currently Josiah Macy Junior Fellow in obstetrics and gynecology at Harvard Medical School and assistant resident in obstetrics at the Boston Lying-in Hospital.

At the ophthalmology section of the American Medical Association in June, 1962, **Herbert E. Kaufman '56** was co-winner of a prize for the best paper. He has recently been selected also for the Holmes Award given by the Chicago Institute of Medicine. Dr. Kaufman is currently chief of ophthalmology at the University of Florida Medical Center in Gainesville, Fla.

Joseph T. Wearn '17 was honored recently by the dedication of the Joseph Treloar Wearn Laboratory for Medical Research, a $5.3 million building being constructed for Western Reserve University Medical School and the University Hospitals of Cleveland. A symposium on "The Living State" and other events were held on October 10-14, 1962, to mark the dedication of this and another new building, and cornerstone ceremonies took place on November 21, 1962. Dr. Wearn was associated with the hospitals and the school for 30 years and is dean, *emeritus*, of the medical school. He is considered chiefly responsible for the development of the medical school's new curriculum which has attracted international attention, endowments, and talented physicians to the Western Reserve University Medical Center. The new building commemorating his contributions to the school will contain eight floors and 100 laboratories. Working in the building will be about 400 people, largely from the departments of medicine, preventive medicine, neurology, neurosurgery, radiology, and surgery.

Dr. Herbst